PART I

Basic History

a. Command Organization

(1) Commanding Officers and dates of Command:

Captain C. W. Bramlett, MC, USN, 29 May 1974 to 15 July 1977

Captain D. C. Good, MC, USN 15 July 1977 -- Present.

(2) Missions and functions of the command.

Existing mission remains unchanged.

b. Summary of Operations. There were 4,213 patients admitted, 513 births; 15,488 occupied bed days, and there were 91,974 outpatient visits. Detailed monthly work loads are shown in Annexes A and B of enclosure (2).

January 1978

Navy Recruiting Station, Beaufort, opened in gate house, at the entrance to Naval Hospital, Beaufort.

Mr. Cary, NCFA Counselor, Naval Base, Charleston, on board to assist command with educational programs.

February 1978

Master Chief Petty Officer of the Force, BUMED, HMCM Harry A. OLSZAK, USN, accompanied by HMCM Robert WORSHAM, MCPOC, Naval Regional Medical Center, Charleston, S. C., on board for an official visit.

Navy Exchange, Snack Bar, Optical Shop, Barber Shop and Beauty Shop renovated.

SGTMAJ VAN AUTREVE, USA Retired, representative from Non-Commissioned Officers' Association on board as a guest to inform our enlisted personnel of the NCOA's position in representing the SNCO in the Armed Forces.

March 1978

Salvaging operation of non-functioning wheelchairs undertaken to conserve funds by command.

Storeroom 40 relocated to temporary space on A-2 to facilitate renovation project.

Training Class for Auxiliary Fire Brigade held.

March 1978 (Continued)

Dental Clinic opened for routine examination and treatment in renovated spaces.

Energy Conservation awareness program instituted by command. Plan of the Day notes intended to reach all hands.

COMSIX delays shift to Summer Uniform until 20 March due to unseasonal weather.

Administrative offices temporarily located on fifth floor due to renovation project, re-located to their original spaces on the first floor.

RADM D. H. HOFFMAN, USN, Commandant, SIXTH Naval District, on board for official visit.

April 1978

Training class for Auxiliary Fire Brigade held.

Civilian employees time clock relocated to A-wing from near Shipping and Receiving.

Aeromedical Evacuation Training Team consisting of Air Force Officers conducts training session for staff personnel.

Safety Awareness Program instituted by command to reach all personnel.

Post Office and Mail Room temporarily relocated to A-2 to facilitate renovation project.

Electrical power to Building #7 secured for two hours to allow for maintenance/repair.

May 1978

Hospital Dining Room temporarily moved to Building #7 to facilitate renovation project.

Navy Exchange convenience store service expanded with the addition of new trailer to provide separate and larger space.

Mr. Stoddard, representative from New York State Board of Regents and Mr. Cary, Navy Campus for Achievement Counselor, on board to discuss college educational opportunities with staff members.

ENT Service relocated to Branch Clinic, MCRD, Parris Island. Eye Clinic retained at Naval Hospital, Beaufort.

Security Watch temporarily stationed at Front Gate between 0730-0800 Monday through Friday to assist in traffic control and reduce pedestrian traffic in construction area.

June 1978

Command Preventive Medicine Section assists research effort on Sand Fly Control Studies in conjunction with U. S. Department of Agriculture.

Veterinary Service conducts rabies clinic in conjunction with pet registration.

Renovated Pharmacy spaces opened for normal operations.

Training Class for Auxiliary Fire Brigade held.

BUPERS Detailers visit command to assist enlisted personnel in duty assignment preferences.

BGEN MOSS, Deputy Commanding General, MCRD, Parris Island, on board for official visit.

Hospital Corps Birthday Picnic sponsored by command.

Safety alert promulgated to occupants of family housing to inform them of a two-week contractor work project involving heavy equipment in use for repair of boat ramp at Fort Frederick on station.

July 1978

Contract awarded to Carolina Elevator Co., in the amount of $8,280.00 for elevator maintenance service, for the period 1 July 1978 through 30 June 1979.

August 1978

Voluntary blood pressure check and tuberculin skin test program instituted for civil service personnel as part of the Command Occupational Health Program.

Combined meeting of Command Training Team, Human Relations Council and Equal Employment Opportunity Committee held to formulate command goals.

Command all hands personnel inspection -- Summer Uniform held. Inspecting Officer -- Commanding Officer.

Due to shortage of OB-GYN specialists, appointments are limited at the hospital. The clinic is seeing patients on consultation only. Active duty patients are given appointments on a priority basis, dependents and retirees on a space available basis. Beneficiaries eligible for CHAMPUS are encouraged to utilize civilian resources concerning gynecological problems.

Mr. Roy Rhodes, Senior NCFA Counselor, Regional Office, Charleston Naval Base on board to present programs sponsored by the NCFA.

Food Service re-located from Bldg. #7 to its original location following renovation work.

August 1978 (Continued)

Ribbon-cutting ceremony held to signify completion of hospital's three-year renovation project. Captain D. C. Good, Commanding Officer, Naval Hospital, cut ribbon in honor of the celebration.

September 1978

Civilian time clock returned to its original location.

CDR P. D. THOMSEN, MSC, USN relieved CDR J. H. GANNON, MSC, USN, as Officer in Charge, Branch Clinic, MCRD, Parris Island. CDR GANNON assumed new duties with PCS orders to Washington, D. C., as Enlisted Rating Coordinator for CNO.

Contract awarded to Mitchell Brothers, in the amount of $7,432.00 for re-roofing of buildings 19, 21, 22 and 49.

Contract in the amount of $28,642.00, awarded to C. M. Lowther, Jr., for emergency stairwell lights.

Contract in the amount of $6,789.00, awarded to Mitchell Brothers for re-roofing of Qtrs. "B", and building number 25.

Contract in the amount of $24,321.00, awarded to Mitchell Brothers for painting quarters.

Congract in the amount of $6,982.75, awarded to Wildwood Landscape Contractors, Inc., for concrete paving.

Contract in the amount of $9,978.00, awarded to C. M. Lowther, Jr., for replacing light fixtures in buildings 7 and 9.

Contract in the amount of $1,500.00, awarded to Goodyear Tree Co., for brush clearing.

Contract in the amount of $9,600.00, awarded to Industrial Carbonic, for Fire Extinguishing System -- kitchen hoods.

October 1978

RADM Melvin MUSELES, MC, USN, Naval Inspector General, Medical, on board with official party to conduct command inspection.

I. V. Push Certification Program offered to staff personnel.

COMNAVBASE, Charleston MSG 251710Z OCT 78 authorizes an optional period for Summer and Winter Uniforms from 0001 on 01 November 1978 to 2400 on 15 November 1978 in Sub Area Alfa.

November 1978

Command Personnel Inspection for all hands held. Commanding Officer was the inspecting officer.

Red Cross Office re-located to Solarium on A-1.

Unofficial visit by Deputy Under Secretary of the Navy, Mrs. M. Wertheim made on 15 November 1978. The Deputy Under Secretary was escorted by MAJ. GEN. MC LERNAN, Commanding General, Marine Corps Recruit Depot, and greeted by CAPT D. C. GOOD, Commanding Officer, who guided her on a tour of the medical facilities.

Command responds to staphylococcus food poisoning episode at MCRD involving approximately fifty recruits. Twenty-seven recruits were admitted to the hospital, although none were seriously ill. The speed and expertise exhibited by hospital staff personnel in handling this acute illness in the recruit population was praised by local Marine Corps officials.

Approximately one-hundred-thirty-four recruits, both male and female, were seen for immunization reaction. Thirty-two recruits were admitted for this reaction, which was attributed to typhoid immunization. The Commanding Officer in a Letter of Commendation to hospital staff involved, commended them for their quick response and efficiency in caring for these patients.

December 1978

Influenza Immunization Program commenced for personnel within the military communities.

PART II

DOCUMENTARY ANNEXES

ANNEX A. Medical Services and Outpatient Morbidity Reports (NAVMED 6300-1)

ANNEX B. Inpatient Data Transmittal Record (NAVMED 6300-5)

ANNEX C. Summary of Command

ANNEX D. Organizational Manual for Naval Hospital, Beaufort, S. C. (NAVHOSPBFTINST P5400.2J of 12 July 1976 with changes)

ANNEX E. Quarterly Statistical Morbidity/Mortality Report

NAVMED 6300-1
CY 78

ANNEX A

MEDICAL SERVICES AND OUTPATIENT MORBIDITY REPORT
NAVMED 6300/1 (6-71) S/N 0105-213-0100

REPORT SYMBOL MED 6300-1

ANNUAL---JAN-DEC 1978

NAME, ADDRESS, ZIP CODE OF FACILITY	FACILITY AND LOCATION CODE	REPORT PERIOD
HOSPITAL, BEAUFORT, SC	F F F F F F L L	7Y 8 M M

SECTION I – GENERAL WORKLOAD

LINE NO.		ACTIVE DUTY – U.S. UNIFORMED SERVICES					DEPENDENTS	
		A NAVY	B MARCORPS	C ARMY	D AIR FORCE	E OTHER U.S.	F NAVY	G MARCORPS
01	OUTPATIENT VISITS	3057	18,427	124	39	30	4015	43,193
02	INPATIENT VISITS	48	1,265	1	1	1	43	312
03	ADMITTED TO QUARTERS	137						
04	QUARTERS PATIENT DAYS	155						

		DEPENDENTS				SPECIAL CATEGORIES		
		A ARMY	B AIR FORCE	C OTHER U.S.	D RET/DEC	E RETIRED	F U.S. CIV	G OTHER
05	OUTPATIENT VISITS	986	506	55	12,704	8113	578	142
06	INPATIENT VISITS	7	7		427	329	19	20

SECTION II – ADJUNCT SERVICES

		A OUTPATIENT	B INPATIENT		C OUTPATIENT	D INPATIENT
07	LABORATORY TESTS	353,906	110,272	PHARMACY UNITS	113,577	56,965
08	PULMONARY FUNCTION STUDIES	153	306	X-RAY FILM EXPOSURES	29,134	10,297
09	AUDIOGRAMS	135	7	DIALYSIS PROCEDURES		
10	COBALT/CESIUM			EEGs		
11	ECGs	1123	64	FLUOROSCOPIC EXAMS	455	267
12	RADIOISOTOPE STUDIES			RADIUM & RADIOISOTOPE THERAPY		
13	OTHER DEEP THERAPY					

SECTION III – OTHER SERVICES

	OPHTHALMOLOGY					MISCELLANEOUS			
	A REFRACTION MC	B REFRACTION MSC	SPECTACLES ORDERED C SINGLE	SPECTACLES ORDERED D BIFOCAL	E FABRICATED SINGLE VIS	F FLIGHT PHYS EXAM	G OTHER COMP PHYS EXAM	H IMMUNI-ZATIONS	I LIMITED SERVICES
14	483	3284	300	563			1463	6707	18,690

SECTION IV – SELECTED DATA

	A FETAL DEATH	B	C	D PEAK CENSUS
15	3			AV=58

SECTION V – ACTIVE DUTY AVERAGE STRENGTH

E NAVY	F MARCORPS	G ARMY	H AIR FORCE	I
AV=245				

SECTION VI – INDIVIDUAL CLINIC/SERVICE WORKLOAD

		A LIMITED SERVICES	VISITS B OUTPATIENT	VISITS C INPATIENT		D LIMITED SERVICES	VISITS E OUTPATIENT	VISITS F INPATIENT
16	ALLERGY				ANESTHESIOLOGY	2279		447
17	CARDIOLOGY				CHEST DISEASE			
18	DERMATOLOGY		5493	15	EMERGENCY ROOM	845	11,774	197
19	ENDOCRINOLOGY				GASTROENTEROLOGY			
20	GENERAL MEDICINE	2793	8014	429	GENERAL PRACTICE		13,993	20
21	GENERAL SURGERY	53	4148	206	GYNECOLOGY	1650	3040	
22	HEMATOLOGY				NEUROLOGY			
23	NEUROSURGERY				OBSTETRICS	470	6478	
24	OCCUPAT. THERAPY				OPHTHALMOLOGY	669	1031	7
25	ORTHOPEDICS		7572	265	OTORHINOLARYNGOLOGY	148	927	19
26	PEDIATRICS	2730	15,214		PHYSICAL THERAPY	5707	9421	711
27	PLASTIC SURGERY				PODIATRY		1153	39
28	PROCTOLOGY				PSYCHIATRY			115
	PSYCHOLOGY				THORACIC SURGERY			
30	UROLOGY				Optometry	1346	3716	10

PLATE NO. 22113 (1)

SECTION VII – OUTPATIENT MORBIDITY – NEW CASES – ACTIVE DUTY NAVY AND MARINE CORPS

	A RESPIRATORY	NO. NEW CASES	B VENEREAL	NO. NEW CASES	C DRUG AND ALCOHOL USE	NO. NEW CASES
31	INFLUENZA	153	GONORRHEA	2	ALCOHOL	15
32	PHARYNGITIS–TONSILLITIS	60	SYPHILIS		MARIHUANA	
33	U.R.I.	114	CHANCROID		NARCOTIC DRUGS	19
34	OTHER RESPIRATORY DISEASES	69	LYMPHOGRANULOMA VENEREUM		NON-NARCOTIC DRUGS	5
35	HAY FEVER/ASTHMA	45	GRANULOMA INGUINALE	8	COMBINATION	660
	SKIN		GENITOURINARY		GASTROINTESTINAL	
36	PYODERMA	3	NON-GONOCOCCAL URETHRITIS	2	FOOD POISONING	29
37	CELLULITIS	28	HEMATURIA	7	DIARRHEA	
38	DERMATOPHYTOSIS	1	PYURIA	2	OTHER G.I. CONDITIONS	152
39	ALLERGIC DERMATITIS	43	OTHER G.U. CONDITIONS	97		
40	OTHER SKIN DISEASES	39				
	OTHER		ACCIDENTS AND TRAUMA		PARASITIC INFESTATION	
41	ADVERSE EFFECTS OF IMMUNIZATION	134	BATTLE CASUALTY		INTESTINAL PARASITES	1
42	ADVERSE EFFECTS OF MEDICATION	19	EFFECTS OF HEAT, LOCAL	10	PEDICULOSIS	1
43	BEHAVIORAL CONDITIONS	27	EFFECTS OF HEAT, SYSTEMIC	11	SCABIES	1
44	FEVER OF UNDETERMINED ORIGIN	25	EFFECTS OF COLD			
45	GERMAN MEASLES	14	AUTOMOBILE	88		
46	MUSCULOSKELETAL COMPLAINTS	78	MOTORCYCLE/SCOOTER/BIKE	32		
47	OBESITY		SHIPBOARD			
48	OTITIS EXTERNA	11	OTHER ACCIDENTS OR INJURIES	948		
49	OTITIS MEDIA	126				

REMARKS

NOTE: 353,906 outpatient laboratory studies were done at Naval Hospital. Of these, 157,186 were groups and types done in direct support of Marine recruits at Parris Island.

Inhalation Therapy – 842 (Reported in Internal Medicine)
Family Planning – 899 (Reported in Gynecology)

SIGNATURE AND TITLE	DATE SUBMITTED

PLATE NO. 22113 (2)

OFFICER IN CHARGE
NAVAL MEDICAL DATA SERVICES CENTER
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20014

NAVMED 6300-5
CY 78

ANNEX B

INPATIENT DATA TRANSMITTAL RECORD
NAVMED 6300/8 (1-72) S/N 0105-213-0480

REPORT SYMBOL MED 6300-5

m: Naval Hospital *(Facility Name)* Report Period: Calendar *(Month)* 1978 *(Year)*

Beaufort, S. C. 29902 *(Facility Address)*

To: Officer In Charge, Naval Medical Data Services Center, NNMC, Bethesda, Md. 20014

* Via: Data Processing Officer, Naval Medical Regional Data Center,

Naval Hospital, Beaufort, S. C. 29902 *(Facility Name and Address)*

LINE NO.	TRANSACTIONS	INPATIENTS			NEWBORN (WITH MOTHER)		
		NUMBER OF TRANSACTIONS	VERIFICATION		NUMBER OF TRANSACTIONS	VERIFICATION	
			*NMRDC	NMDSC		*NMRDC	NMDSC
	INPATIENTS REMAINING FROM PREVIOUS MONTH						
1.	Reported Remaining	524			51		
2.	Corrections	0			0		
3.	Total Patients Remaining	524			51		
	ADMISSIONS						
4.	Direct	3543			1		
5.	From Transfer	27			3		
6.	Live Birth				475		
7.	Newborn Retained As Inpatient	44					
8.	Total Admissions	3614			479		
	DISPOSITIONS						
9.	Transfer	112			14		
10.	Discharge	3506			425		
11.	Died	13			1		
12.	Newborn Retained As Inpatient (Report Same as Line 7)				44		
13.	Total Dispositions	3631			484		
	INPATIENTS REMAINING THIS MONTH						
14.	Total Patients Remaining (line 3 + line 8) – line 13 = line 14	507			46		

15. Last Register Number Used During This Report Period: _____

16. DOCUMENTS SUBMITTED:
*Admission: 4093 Disposition: 4115 *Change Sheets: 12 *Total: 8220

* 17. Total Occupied Bed Days: 15,541 Total Bassinet Days: 1716

* 18. Workload Summary (3) Cards Submitted: 1138

* 19. Admission (4) Cards Submitted: 1850

* 20. Disposition (5) Cards Submitted: 6152

21. _____ SIGNATURE *(Commanding Officer or Designated Representative)* DATE SUBMITTED

NOTE: Items indicated by asterisk (*) are to be completed only by naval hospitals, U.S. naval hospitals and the Naval Submarine Medical Center.

Summary of Command

ANNEX C

OVERALL SUMMARY OF COMMAND

January 1978

Hospitalmen DAFO, GUNNINGHAM, KANN, MILLS, RABEDEAU, SLAGER and SLOAN, attached to the Naval Hospital complex, promoted to Petty Officer status.

HM2 GABB, HM3's GREEN, HATCHELL, SMITH, THORESON, VICKERY and WULTERKENS assigned to Branch Clinic, MCRD, PISC promoted to present rates.

HM2 GAPPA and HM3 HERNANDEZ advanced to present rates.

LTs PENNINGTON, TKACS and WATKINS, Nurse Corps Officers, frocked to present rank.

CDR D. MC GUCKIN, NC, USN, retired from active service.

February 1978

LT B. E. FRANEK, NC, USNR, promoted to present rank.

LCDR W. LUDWIG, MSC, USN, honored by Beaufort County United Way organization for his dedicated work on behalf of the Navy's goal attained in the Combined Federal Campaign.

LCDR W. LUDWIG received Letter of Appreciation from Commanding Officer for his excellent performance in the collateral duty assignment of Chairman, Combined Federal Campaign.

HM2 J. R. LEUSCHEN, USN, selected as Sailor of the Quarter.

HM2 P. LENKO, USN, promoted to present rate.

Letter of Appreciation presented to Mr. J. Truel on occasion of his retirement from civil service.

Letter of Appreciation presented to CDR J. C. WEISS, NC, USN, on the occasion of her retirement from active naval service.

LCDR GANNON, LT WAGGONER, LTJG's CHUMLEY and HARBAUGH, MSC Officers awarded MBA from Pepperdine University.

March 1978

Naval Hospital, Beaufort, sponsors Boy Scout Troop 252.

Command enters male and female softball teams in local league competition.

HMCS HOOPER and HM1 MC BRIDE recipients of Command's Annual Leadership Awards.

HMC DUPRY received Navy Good Conduct Certificate, fourth award.

HM3 HIERS, Branch Clinic, MCAS, named Corpsman of the Quarter.

HM2 SETLOCK advanced to present rate.

LT DRAKE, NC, USNR augmented into the U. S. Navy.

LCDR NORBET, NC, USN, promoted to present rank.

CDR John GANNON, MSC, USN, promoted to present rank.

April 1978

All hands personnel inspection by Commanding Officer. CAPT SLATER, NC, USN, Chief of Nursing Service presented Navy Commendation Medal as part of inspection ceremony.

LTJG BAZEMORE, MSC, USNR accepts Intramural Volleyball Championship Award on behalf of Navy team he piloted to victory.

HM1 LEUSCHEN, HM2s HENDRICK, SCHWANDT, WOOLEY and DP2 HOWARD advanced to present rates.

HMC A. G. SINGLETON presented letter of commendation for sustained superior performance of duty.

GYSGT RAINEY, USMC, Marine Liaison, Naval Hospital, Beaufort, presented letter of appreciation for outstanding performance of duty.

Naval Hospital command -- Big Blue Football Team, takes to the field as pre-season training gets underway.

HM3 SHIREY participates in Boston Marathon after qualifying in the Marine Corps Reserve Marathon held in Washington, D. C.

HM3 L. MOORE re-enlisted in U. S. Navy.

May 1978

LTJGs ACKLEY and REHM, NC, USNR, promoted to present rank.

HM2 SALTER advanced to present rate.

LCDR QUAYLE, NC, USN, retires from active service.

LTs CHUMLEY, MARR and SEFRANEK, MSC officers receive letters of appreciation from C. O. upon detachment from command.

HMCM HARRITY presented letter of appreciation from BRIG. GEN. TRAINOR, Deputy C. G., MCRD, PI SC.

HM2 LENKO presented letter of appreciation from C. O. upon detachment from command.

Navy Nurse Corps Officers celebrate 70 years of service on anniversary date of 13 May.

Commanding Officer, Captain D. C. GOOD and LCDR W. LUDWIG, Chief, Military Personnel Service met with members of Beaufort County United Way executive committee to discuss plans for 1978 United Way and Combined Federal Campaigns.

C. O., CAPT GOOD, participates in seventh graduation ceremony, Pepperdine University, Beaufort Center.

June 1978

Command's womens softball team and NRMC Memphis play exhibition game for the benefit of Navy Relief fund drive.

Special Services sponsors swimming lessons for children at hospital pool.

Staff members from jogging club to promote physical fitness within the command.

HMCM HOOPER and HM2 NEIL re-enlist in U. S. Navy.

LT MARQUIS, MSC, USN, presented Certificate of Completion for Podiatry Residency.

LCDR GRAHAM, MC, LTs BORKHUIS, GOOKIN, KLOSE and PENNINGTON, NC officers promoted to present ranks.

LCDR CUMMINGS, GRIFFIN, HINDMAN, HOLMES and KLAU, Medical Corps officers presented letters of appreciation upon release to inactive duty.

Mr. Sutton, ROICC, hospital renovation project presented letter of appreciation for services from C. O.

CDR M. GAY, MC, USN, elected as Vice-President, Beaufort Little Theatre.

Mrs. Margaret Gannon, command supervisor budget analyst, named as Boss of the Year by the Jean Ribaut Charter, Chapter of the American Business Women's Association.

July 1978

Staff assist in Beaufort County annual Water Festival.

LCDR B. RUEDAS, MC, USN promoted to his present rank.

Command float wins second place in Water Festival Parade.

HM3 SLAGER selected as Sailor of the Quarter.

Dr. Moore, Civil Service staff physician, retired from federal service.

HM3s ANTHONY, COOK, FRY, HUNTER, KONKEL, LYNCH, MARTIN, MAZE, PAULK, SALTER, SEPE and WULTERKENS advanced to present rate during ceremonies held at core hospital.

HM3s BALSER, BUSH, CAEZ, DEDOMINICO, HURLEY, KNAPE, MC DONALD, MULLIN, ROBINSON, ROY, RYAN and SERRA advanced to present rate during ceremonies held at the Branch Clinic, MCRD, Parris Island.

LT LOBAUGH, MSC, USN, HM2s GAPPA and WOOLLEY presented letters of appreciation for services from Commanding Officer.

August 1978

LT K. LOVE, MSC, USNR promoted to present rank.

HM3 P. SMITH re-enlists in U. S. Navy

Captain D. MC MAHON, MC, USN, CDR J. GANNON, MSC, USN and W.O. HUFFORD presented letters of appreciation from Commanding Officer.

Command Labor Day picnic held for all hands.

Mr. A. D. Flood, South Carolina Game Warden presented safety lecture on hunting to interested staff personnel as a public service.

Photography (View Finders) Camera Club formed by staff members.

September 1978

Mrs. Cory, former Red Cross Chairman of Volunteers at Naval Hospital, Beaufort, and wife of Mr. Albert Cory, staff reisdent engineer was presented a letter of appreciation from CAPT GOOD, Commanding Officer, following a luncheon given in her honor.

Mrs. Rigg, civil servant, Fiscal and Supply Service, presented letter of appreciation from C. O. during her retirement ceremony.

HMCM O. HOOPER, presented letter of commendation from C. O. during ceremonies marking his departure from the command on PCS orders.

LTs ALLISON and SCHAFER, N. C. officers, LTs DRINKWATER and MOUNTZ, MSC officers, augmented into the U. S. Navy

HM1s DILBECK and HADSOCK and PN2 DEDERT advanced to present rates.

October 1978

Staff men and women volleyball teams entered in local civic league and intra-mural competition. HMCS CRAWLEY at both team helms as Head Coach.

Voluntary Weight Reduction Program made available to staff personnel under the technical guidance of LT WARYWODA, MSC, USN, Chief, Food Management Service.

Navy Day celebrated by command on the occasion of the 203rd anniversary of the U. S. Navy.

The Big Blue football team under the leadership of LT CHUMLEY, MSC, USN, tied with RTR, MCRD, for top slot in the local services intra-mural league.

HM2 HUTCHINS advanced to present rate.

November 1978

LT G. L. FILLERS, NC, USN, promoted to present rank.

HM1 GREGORY and HM2 MC CLELLAN advanced to present rates.

HM3 BINTZ selected as Sailor of the Quarter.

LCDR FULTON, chairman of the Combined Federal Campaign, W. O. HART, HM1 BALMER, HM2 GABB, HM3 MC GRATH and Mrs. Betty Haigh, secretary to the OIC, Branch Clinic, MCRD, PI SC, presented letters of appreciation from the Commanding Officer for their excellent efforts during the CFC fund drive.

December 1978

HMC J. B. JOHNSON advanced to present rate.

LTs R. HARBAUGH, MSC, and J. WATKINS, NC, USNR, presented letters of appreciation from C. O. upon the occasion of their transfer on PCS.

LT J. F. FRETWELL presented letter of appreciation from Commanding Officer during release from active duty ceremony.

CAPT GOOD, in the company of MAJGEN MC LERNAN presented a check to United Way Executive Director MAJ GEN William COBB, U. S. Army (Retired) in the amount of $58,173.00 from the successful CFC drive which raised 157% of its goal.

Educational Symposium held for staff personnel with representatives from Webster College, Pepperdine University, University of South Carolina (Beaufort Extension); Beaufort Technical College; and Navy Campus for Achievement.

Demonstration on Self-Defense for Women presented to female staff members as a public service.

Christmas Party held for hospital staff and their dependents.

NAVHOSPBFTINST P5400.2J

ANNEX D

NAVAL HOSPITAL
BEAUFORT, S. C.

NAVHOSPBFTINST 5400.2J, CH-1
Code 01
1 June 1978

NAVHOSP BEAUFORT INSTRUCTION 5400.2J, CHANGE TRANSMITTAL 1

Subj: Naval Hospital, Beaufort, S. C. Organization Manual

Encl: (1) Revised and new pages

1. Purpose. To transmit Change 1 to subject instruction, which primarily deletes EENT Service, and changes Aviation Medicine Branch to Aviation Medicine Service, and also changes Optometry Branch to Optometry Service.

2. Action

a. Remove the following pages and replace with revised pages:

(1) Page iii
(2) Page iv
(3) Pages B-1, 2, 3, and 4
(4) Pages C-1 and 2
(5) Pages C-5 and 6

b. Insert new pages C-7 and C-8 and re-number old pages C-7, 8, 9, and 10 indicate they are now C-9, 10, 11 and 12.

c. Remove old pages C-11 and 12, and replace with new pages C-13 and C-14.

d. Re-number paragraphs in Section C., Clinical Services, to correspond with listing on page C-1, through paragraph 14, Occupational Env. Health Service.

e. Re-number charts in Section C., Clinical Services, to correspond with listing on page iv, through Chart No. 11, Occupational Environmental Health Service.

f. Re-number pages in Section C, to allow proper numerical sequence, through page C-28.

g. On Chart No. 11, delete "Preventive Medicine Branch." On Page C-28 delete "Preventive Medicine Branch."

h. Insert new pages C-29, 30 and 31

i. Re-number remaining paragraphs in Section C., Clinical Services, to match listing of paragraphs on page C-1; and charts to correspond with listing on page iv. Re-number remaining pages of Section C. to allow proper numerical sequence.

j. On page E-1, delete "Preventive Medicine Section," and "Optometry Section." On pages E-3 and E-4, delete "Preventive Medicine Section" and "Optometry Section, and re-number sub-paragraphs accordingly.

k. On Page F-1, delete "Aviation Medicine Section" and its branches. On Page F-3, delete "Aviation Medicine Section," sub-paragraph b.(1), and re-number remaining paragraphs accordingly.

l. Throughout the instruction, wherever "Annex" or "Hospital Annex," Marine Corps Recruit Depot is used, change to read "Branch Clinic."

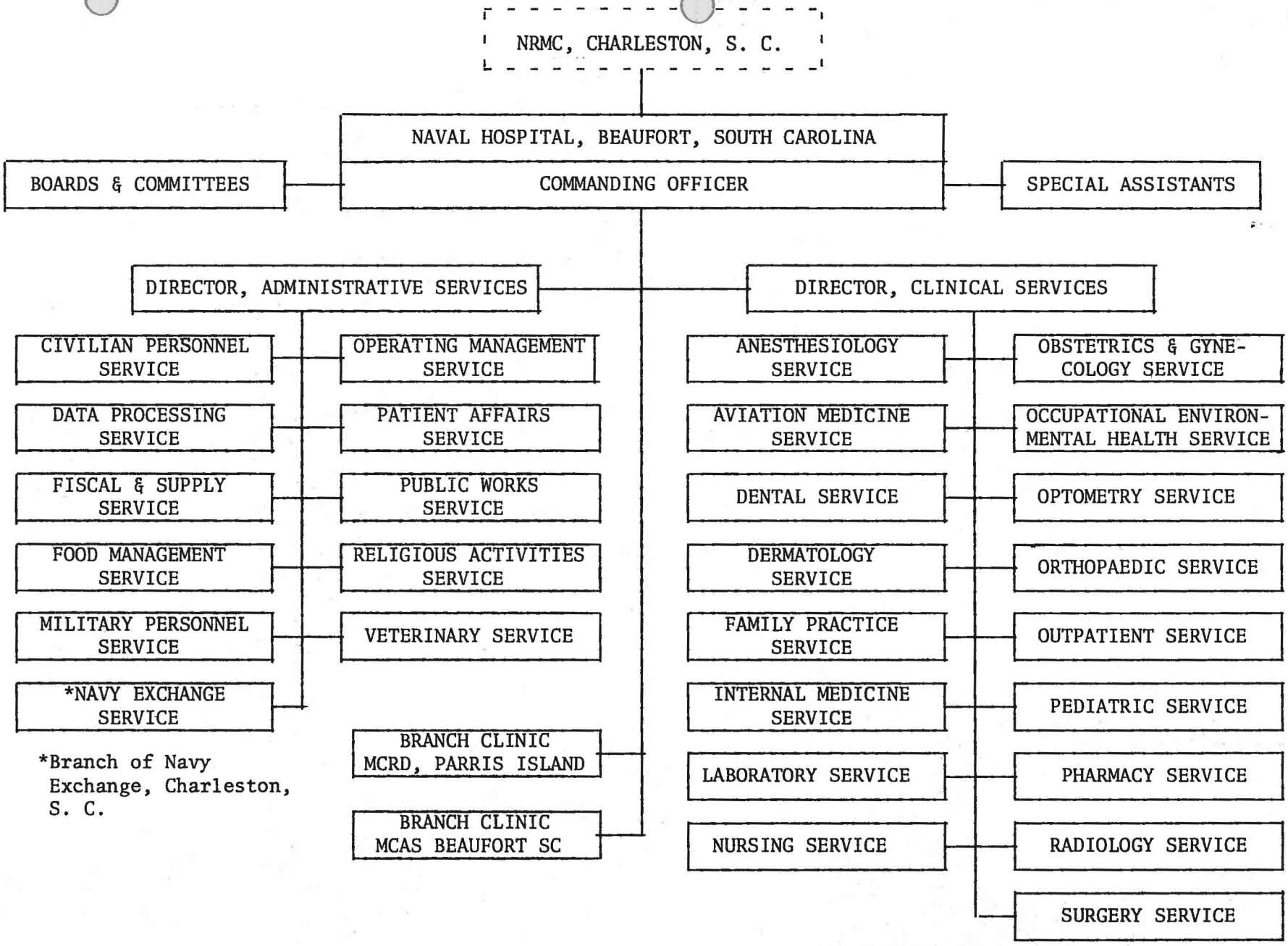
m. Make appropriate entry on page ii, Record of Changes.

D. C. GOOD

Distribution:
"A"
"G"(25-Cent. Files)

TABLE OF CONTENTS

TABLE OF ORGANIZATION CHARTS



Date:	Approved:		
1 June 1978	D. C. GOOD, CAPT MC USN Commanding Officer	NAVAL HOSPITAL Beaufort, S. C.	Chart No. 1

B-1

NAVHOSPBFTINST 5400.2J, CH-1
1 June 1978

SECTION B. OFFICE OF THE COMMANDING OFFICER

1. Office of the Commanding Officer. The office of the Commanding Officer consists of the Commanding Officer and other staff and clerical personnel as may be required.

2. Commanding Officer

a. The Commanding Officer is charged with the command, organization and management of the hospital for the purpose of accomplishing the mission as efficiently, effectively and economically as possible. Subject to the orders of higher authority, he exercises complete military jurisdiction within the command, is responsible for the professional care of inpatients and outpatients; and for the safety and well-being of the entire command. His duties are prescribed in Navy Regulations and the Manual of the Medical Department.

b. The Commanding Officer through the Chief, Bureau of Medicine and Surgery, provides professional direction, guidance and supervision of the Branch Clinic, Marine Corps Air Station, Beaufort, S. C., and the Branch Clinic, Marine Corps Recruit Depot, Parris Island, S. C. as assigned by the Chief of Naval Operations.

c. The Director of Clinical Services is appointed Acting Commanding Officer and shall act as Commanding Officer in his absence. The Commanding Officer may, when not contrary to law or regulations, delegate duties to other subordinates to the maximum extent consistent with the retention of control. Such delegation of authority, however, shall in no way relieve the Commanding Officer of continued responsibility for the safety, well-being and efficiency of the entire command.

d. The Commanding Officer is a qualified health professional officer of the medical department.

3. Boards and Committees

a. Boards and committees are appointed by the Commanding Officer to meet standards for accreditation set by the Joint Commission on Accreditation of Hospitals (JCAH); to conform to the requirements of law or regulation; and to advise the Commanding Officer on matters of policy or particular interest.

b. The standing boards and committees of this hospital are identified and described as follows:

(1) The Executive Committee (Commanding Officer's Conference), in consonance with JCAH requirements, serves as the committee for communications between the commanding officer and the clinical and administrative staffs of the command. The committee is composed of the commanding officer, director of clinical services, and all chiefs of services. Responsibilities of the committee are consideration and submission of recommendations to the commanding officer for action on all matters of a medical-administrative nature; implementation of policies approved by the commanding officer; ensuring ethical conduct of staff members and initiating appropriate corrective measures; reporting accountability for health care rendered to patients; and keeping the clinical and administrative staff abreast of the JCAH accreditation program and informed of the accreditation status of the hospital. The committee shall meet monthly with a written report of proceedings prepared for inclusion in JCAH files.

(2) The Medical Care Evaluation Committee (Audit Committee), under the director of clinical services serves, as a fact finding and educational body to the commanding officer to ensure that health care delivery within the hospital is of the highest quality. The committee establishes criteria for medical care evaluation to ensure that professional activities are conducted in accordance with applicable policies and procedures; and promotes and maintains high quality health care through systematic analysis, review and evaluation of the clinical practice that exists within the hospital. The committee provides an appropriate peer group method by which the required basic functions of medical, surgical and obstetrical audit are thoroughly performed at least monthly; reviews periodically the utilization of bed facilities and diagnostic, nursing and therapeutic resources with respect to availability to patients in accordance with need and recognition of responsibility for the cost of health care. The utilization review function includes factors such as admissions and lengths of stay, professional services provided, use of consultants, availability and use of outside medical facilities, analysis of emergency services, outpatient clinics and special care units. The committee meets monthly with written reports of proceedings submitted to the commanding officer for inclusion in the JCAH files.

(3) The Budget Advisory Committee assists the commanding officer in the control and utilization of the financial resources of the hospital; advises and assists in the presentation and defense of resource requirements budgeted for operation of the Naval Hospital Health Care System; reviews budgets and program requirements developed by the clinical and administrative services to ensure relationship to and support of the objectives of the individual services and the budgetary program of the hospital; monitors and reports program performance against financial management objectives in terms of dollars, manpower and workload recommending any adjustments required; ensures accommodation of program decisions affecting the budget and advises of budget decisions/actions having programming impact; makes recommendations for programming and budgeting of personnel, facilities, equipment and supplies; and advises on budget systems, procedures and related matters. The committee meets quarterly and submits written reports of proceedings to the commanding officer. A copy of these reports should be included in the JCAH files.

(4) The Medical Records Committee (Accreditation and Utilization) established in accordance with JCAH standards, reviews medical records to ensure that recorded clinical information is adequate for use in medical care evaluation. The committee meets monthly and submits a written report of its findings to the commanding officer.

(5) The Tumor Board functions in a consulting capacity to the clinical staff of the hospital and controls the registry for all cases of malignant neoplasms. All tumors suspected or established as being malignant shall be registered with the board. While the recommendations of the board are not binding, treatment contrary to the board's recommendations shall not be instituted without the approval of the commanding officer.

(6) The Medical Library Committee establishes and maintains, in accordance with current Bureau directives, an adequate medical library service; screening all requests by the command for procurement of periodicals, journals, professional books and other communication media of a technical or professional nature.

(7) The Tissue and Transfusion Committee reviews and reports on the agreement, or disagreement, between preoperative diagnosis and pathological diagnosis on all tissue removed during operations. Additionally, the committee is to make a monthly review of all transfusions of blood and blood derivatives administered in this hospital. The committee meets at least once a month and submits a written report to the commanding officer for inclusion in the JCAH files.

(8) The Pharmacy and Therapeutic Committee serves as an advisory group to the commanding officer, the medical staff, and the chief, pharmacy service, on matters pertaining to the selection of non-standard drugs; evaluates clinical data concerning new drugs requested for use in the hospital; and develops and maintains a standard formulary, or drug list, of accepted non-standard drugs for the hospital. The committee meets at least once every three months to review the non-standard drug list and to discuss other pertinent data concerning drugs. Recommendations are submitted to the commanding officer for approval.

(9) The Education and Training Committee is responsible for all training and education including continuing education, orientation, hospital corps training and advancement in rate, general military training and civilian employee training. The committee shall have appropriate representatives from all Corps and the civilian personnel office.

(10) The Morbidity Mortality Statistical Board meets at least once each quarter. The chief of each clinical service presents a brief summary of admissions, discharges, and work performed with discussion of unusual cases handled by his service during the quarter, including a discussion of deaths when applicable. The statistics are compiled by the chiefs of the clinical services with the assistance of the chief, patient affairs service.

SECTION C. CLINICAL SERVICES

1. Introduction. This section contains organization charts and narrative statements that develop the clinical services.

2. Establishment. The above listed clinical services are hereby established in accordance with reference (a), and each service is an organizationally independent and autonomous unit reporting directly to the Director of Clinical Services. Chiefs of Service will be officers of the Medical Corps, except that the Chief of Dental Service will be an officer of the Dental Corps, the Chiefs of Optometry and Pharmacy Services will be officers of the Medical Service Corps, and the Chief of Nursing Service will be an officer of the Nurse Corps.

3. Director of Clinical Services

a. Responsibility. The director of clinical services is responsible to the commanding officer for the coordination and efficient operation of the clinical functions of the command. All orders of the director of clinical services shall be regarded as proceeding from the commanding officer, whose policies and orders shall be conformed with and executed.

b. Functions. The primary function of the director of clinical services is to assist the commanding officer in discharging those responsibilities for the care and treatment of patients; the clinical training of the staff; the formulation of clinical policies, standards and directives, and coordination of the clinical matters of the command. He shall assure that the standards for delivery of health care established by the Joint Commission on Accreditation of Hospitals are followed in maintaining the overall quality of health care at the optimal level and heads the Medical Care Evaluation Committee. He directs the occupational environmental health program.

4. Chiefs of Clinical Services report to and are directly responsible to the director of clinical services and shall perform the following general functions:

a. Patient Care

(1) Insure the highest standards of clinical practice are maintained, that every effort is made to keep the quality of health care at the optimal level; that the standards for the delivery of health care are suitable to the modern state-of-the-art and conform to requirements set by the Joint Commission on Accreditation of Hospitals, including prescribed staff meetings, recording minutes of these meetings, and timely submission of reports.

(2) Provide technical guidance, and assume responsibility for the clinical practice of medicine by physicians assigned to the services; and evaluate the performance of paramedical personnel.

(3) Inform and advise the director of clinical services regarding all activities, including the care and condition of patients, especially the seriously and very seriously ill.

(4) Collaborate with the other clinical and administrative services to promote patient comfort and welfare, and to speed patient recovery.

(5) Participate in staff conferences and provide consultation services as requested.

(6) Insure the prompt and proper disposition of patients as provided by law and regulations.

b. Education, Training, Clinical Study and Research

(1) Participate in and conduct appropriate portions of the hospital educational programs.

(2) Confer with civilian consultants on professional matters.

(3) Promote the continuing education of staff officers.

(4) Supervise, direct and support, as applicable, the practical phase of formal training courses for hospital corpsmen and provide on-the-job training for paramedical personnel assigned to the clinical service.

(5) Initiate, conduct or participate in clinical and/or research studies, as appropriate, for professional growth and development.

(6) Encourage participation of staff physicians in clinical investigation and supervise approved studies.

5. Anesthesiology Service

a. The anesthesiology service shall provide safe and effective anesthesia for patients undergoing surgical and obstetrical operations or diagnostic procedures; make consultative services available in the fields of resuscitation; provide a qualified anesthesiologist designated as the head, intensive care branch; and provide a training program for recovery room nurses, corpsmen, and others as appropriate.

b. The anesthesia service is divided into a clinical branch, a consultative branch and an intensive care branch.

(1) Clinical Branch shall:

(a) Perform a preoperative evaluation of patients who are referred to the anesthesiology service.

(b) Select, in consultation with the operating surgeon, the anesthetic technique, procedures, and agents to be used, giving careful consideration to the surgical procedure, the safety of the anesthetic procedure, the needs of the surgeon, and the welfare and comfort of the patient.

(c) Determine that the patient is in optimum physical condition for the anesthetic procedure and discuss the anesthetic with the patient prior to obtaining permission for the procedure.

(d) Order preoperative medication and procedures as required or indicated.

(e) Administer general, local, intrathecal, and rectal anesthetics as appropriate.

(f) Maintain a complete record of each anesthetic administered including relevant data as to the patient's condition before, during, and after the anesthetic.

(g) Provide postanesthetic care to patients during the period of reaction from anesthesia; record unfavorable sequelae and advise and consult with the surgeon concerning them and make postoperative visits until the patient is deemed free from anesthesia sequelae.

(2) The Consultative Branch shall:

(a) Evaluate patients referred to the anesthesiology service for diagnostic and therapeutic nerve blocks and perform these blocks when indicated and desired by these patients.

(b) Render consultation when requested by other clinical services for patients suffering from cardiopulmonary disorders, respiratory depressions and respiratory obstruction.

(c) Supervise inhalation therapy in collaboration with other services.

(d) Provide training for paramedical personnel in resuscitation.

(3) Insure maintenance of resuscitation equipment.

(3) The Intensive Care Branch. The head of the intensive care branch shall operate, and is responsible for the professional management of the branch, including the training and supervision of all assigned staff personnel in the conduct of patient care; and provide consultations to other services regarding intensive care. He will be assisted in this function by the Chiefs of Surgery, Orthopaedics and Medicine.

c. Retrospective Evaluation: The Chief of Anesthesiology shall retrospectively review the quality of all categories of anesthesia care rendered by all anesthesia personnel, including anesthesiologists, certified registered and other qualified nurse anesthetists.

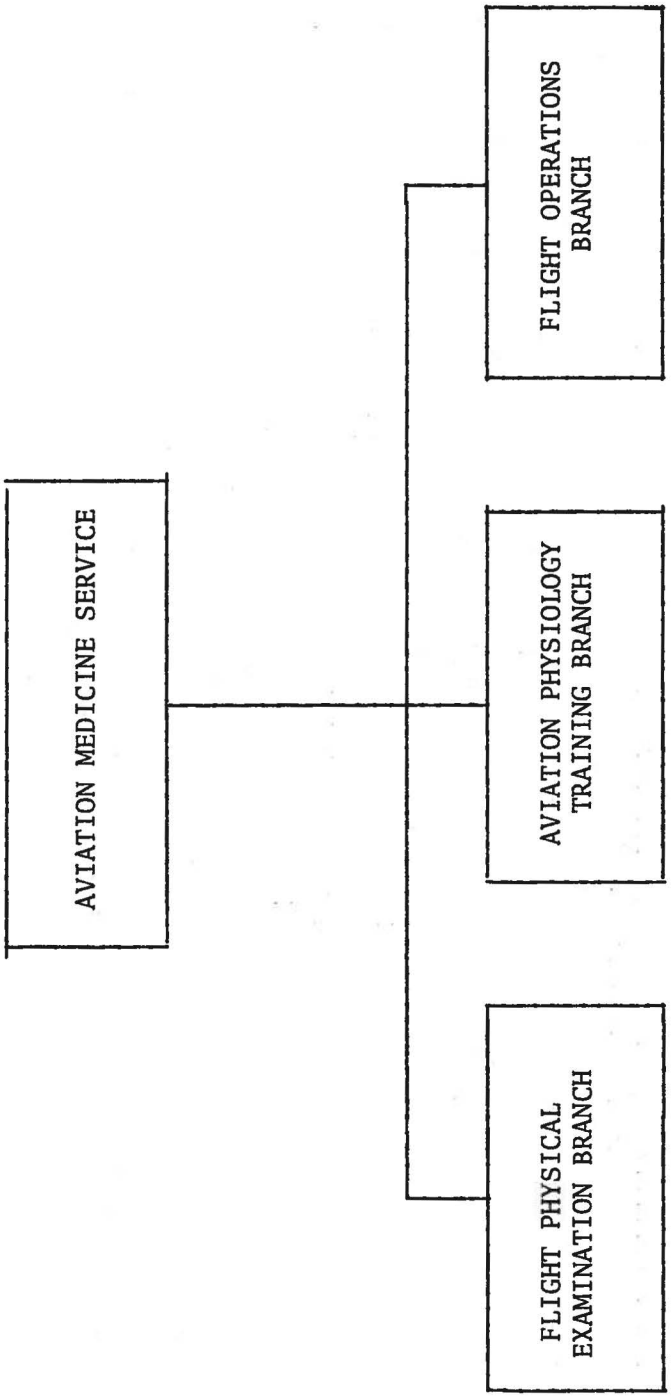

AVIATION MEDICINE SERVICE
FLIGHT OPERATIONS BRANCH
AVIATION PHYSIOLOGY TRAINING BRANCH
FLIGHT PHYSICAL EXAMINATION BRANCH

Chart No. 3

7. Aviation Medicine Service

a. The aviation medicine service provides for the special medical needs of flight personnel of the naval medical region, and is divided into a flight physical examination branch, an aviation physiology training branch, and a flight operations branch.

b. The Flight Physical Examination Branch performs aviation flight physical examinations on all class 1 and class 2 aviation personnel; prepares reports of aviation flight physical examinations for inclusion in the Health Record and for submission to the Bureau of Medicine and Surgery and/or Federal Aviation Administration; reviews records of aviation personnel who receive aviation flight physical examinations to determine the need for immunizations and ensures that each individual meets requirements; and assumes responsibility for the training and proficiency of hospital corpsmen assigned to the branch.

c. The Aviation Physiology Training Branch provides training in the physiological aspects of reduced barometric pressure, acceleration, thermal stress, spatial orientation, fatigue, night vision, flash blindness, emergency egress systems, and other aeromedical factors; provides indoctrination in the use and physiological implications of airborne personal protective equipment such as oxygen systems, with particular emphasis on regulators and masks, ejection seats, and other protective and safety equipment; operates under the supervision of the aerospace physiologist, low pressure chambers, ejection seat, night vision, flash blindness, and spatial orientation trainers; provides consultation services on aeromedical considerations of human factors in aviation safety and accident prevention to flight surgeons and safety officers; maintains adequate records of all physiological training and maintenance performed on training devices; makes entries in the Health Record of personnel completing physiological training, and prepares the aviation physiology training reports as required.

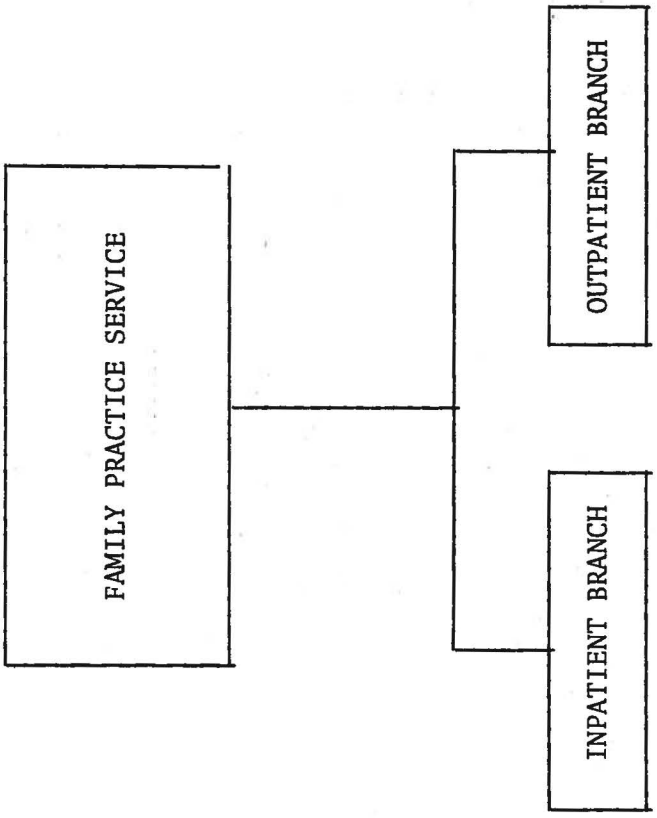
d. The Flight Operations Branch provides medical coverage for flight operations; provides specialized medical attention for flight personnel in accordance with instructions and local custom; assumes responsibility for medical grounding and ungrounding of all class 1 and class 2 flight personnel, together with distribution of pertinent notices; provides flight surgeon membership to local boards; provides assistance to the command in implementation of the Navy Hearing Conservation Program and aviation safety program; and provides flight surgeon availability for, and coverage of, low pressure chamber operations.

7. Dermatology Service shall furnish support and consultative service to other services for both inpatients and outpatients.

a. The Clinical Dermatology Branch shall conduct ward rounds, operate clinics, and within the limits of available personnel and equipment, prescribe ultraviolet therapy, skin allergy workups, and provide on-the-job training for corpsmen.

b. The Dermal Histopathology Branch shall review slides on specimens submitted and prepared by the laboratory which pertains to pathology of the skin. This section functions only within the limits of available personnel and equipment.

Chart No. 6


FAMILY PRACTICE SERVICE
OUTPATIENT BRANCH
INPATIENT BRANCH

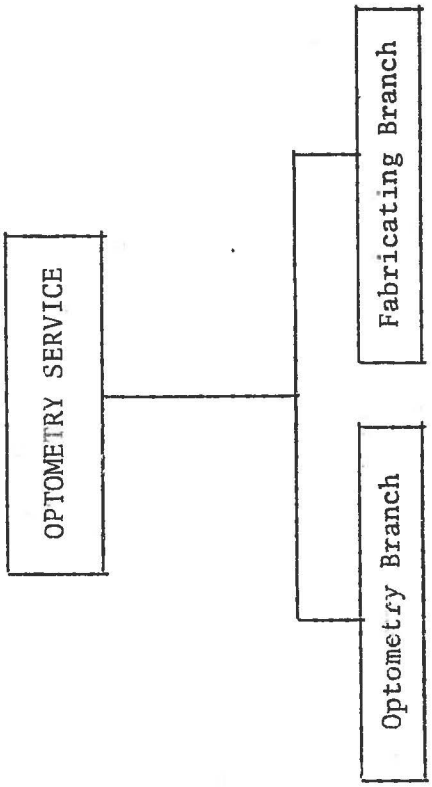


Chart No. 12

15. Optometry Service

a. The Optometry Service provides and coordinates inpatient and outpatient services relative to the examination, diagnosis, treatment and disposition of patients with diseases, injuries and disorders of the eye, and coordinates optometric services for the branch clinics. The service is divided into an Optometry Branch and a Fabricating Branch.

(1) The Optometry Branch shall:

(a) Provide for the specialized care of minor visual disorders of the eye as outlined.

(b) Conduct routine and special eye examinations.

(c) Perform refractions and prescribe corrective lenses and prisms for visually deficient patients.

(d) Provide consultation to other clinical services.

(2) The Fabricating Branch shall:

(a) Operate a single vision laboratory.

(b) Obtain data for the ordering and fabrication of spectacles.

(c) Perform emergency repairs and adjustments.

(d) Forward prescriptions for spectacles for inclusion in patients' medical records.

b. In addition to routine examination procedures, optometrists will be allowed to perform the following:

(1) Cycloplegic examinations using Mydriacyl, Cyclogel, Neosynephrine and Homatropine

(2) Gonioscopy using Goniogel

(3) Slit lamp procedures using sodium fluorescein and Fluress

(4) Tonometry using Ophthetic and Fluress

(5) Irrigation using Dacriose and Blinx

(6) Contact lens evaluation using Ophthetic and sodium fluorescein

(7) Visual field testing

(8) Culturing

c. Optometrists will be routinely allowed to treat, by medication, without the use of steroids, the following conditions:

(1) Superficial foreign bodies and abrasions

(2) Hordeola

(3) Chalazions

(4) Infections of the lid, cornea and conjunctiva

(5) Ocular allergies

(6) Dry eyes

(7) Glaucoma (See sub-paragraph e. below)

d. Treatment of conditions listed in c. above, will be limited to the following medications:

(1) Neosporin Ophthalmic ointment and solution

(2) Bleph 10

(3) Bacitracin Ophthalmic

(4) Erythromycin Ophthalmic (only for patients allergic to Neosporin)

e. Initial treatment of glaucoma is to be started by an Ophthalmologist except in emergency cases. After initial treatment, monitoring of the condition and writing refill prescriptions may be done by an optometrist. The following is a list of medications optometrists may renew in monitoring glaucoma patients:

(1) Diamox tablets

(2) Pilocarpine

(3) Levo-Epinephrine

(4) Carbachol

(5) In addition, Osmoglyn and Mannitol should be available for use, but only with the assistance of a physician.

f. The following miscellaneous medications may be prescribed by optometrists:

(1) Visine
(2) Lacrilube
(3) Isoptotear and Absorbotear
(4) Vasocon Ophthalmic Solution
(5) Absorbonac

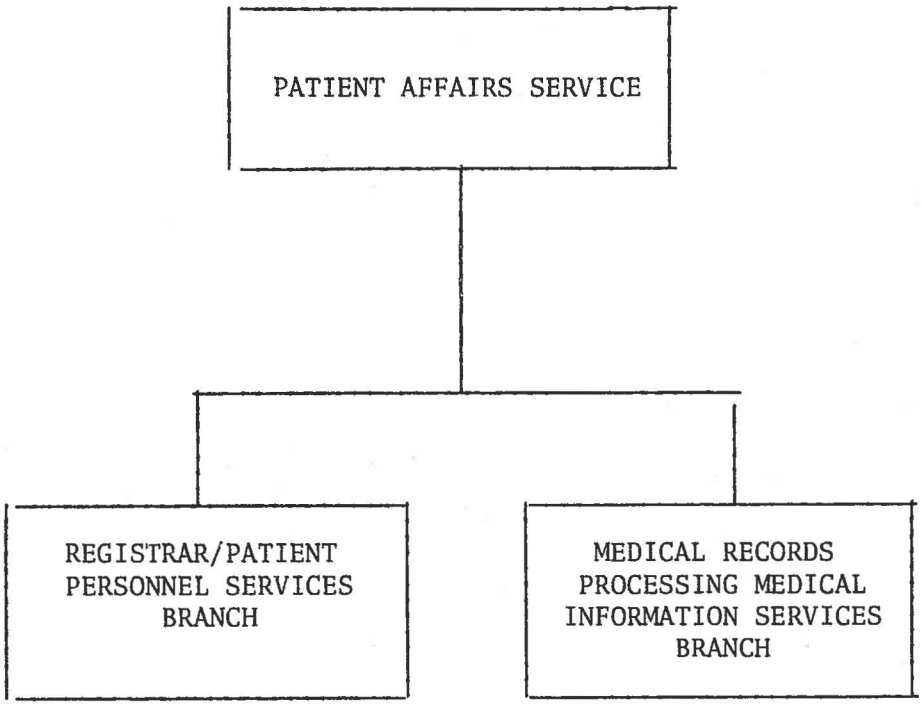

PATIENT AFFAIRS SERVICE
REGISTRAR/PATIENT PERSONNEL SERVICES BRANCH
MEDICAL RECORDS PROCESSING MEDICAL INFORMATION SERVICES BRANCH

Chart No. 26

12. Patient Affairs Service

a. The Patient Affairs Service provides and coordinates all administrative matters related to the admission and disposition of patients; processes inpatient (clinical) records and medical boards; prepares correspondence, reports and statistics pertaining to professional care and treatment of patients; receipts, stores and releases patients' valuables; and performs the personnel record's function for active duty military patients. Chief, Patient Affairs Service serves additionally as the Decedent Affairs Officer, Air Medical Evacuation Coordinating Officer, and Legal Assistance Officer for staff and patient personnel within the hospital. Staff and clerical personnel are assigned as required.

b. The Service is divided into the registrar/patient personnel services branch and the medical records processing/medical information services branch.

(1) Registrar/Patient Personnel Services Branch provides administrative and staffing support to the patient admission and disposition functions of the hospital; admissions, transfers, discharges, or other dispositions of inpatients; performs all administrative procedures in connection with Decedent Affairs Program, and provides clerical support for the Decedent Affairs Officer; makes necessary notification to the next of kin of patients placed on the seriously ill or very seriously ill list. Performs personnel functions for all active duty military inpatients and provides and coordinates procedures with military personnel service, for receipt, storage, and maintenance of military health records and personnel records; holds the money and valuables of patients for safekeeping; and provides civil readjustment counseling for patients and staff personnel regarding Veterans Administration and Social Security Benefits and other matters. This branch is sub-divided into an admission section, a disposition section, and a decedent affairs section.

(2) The Medical Records Processing/Medical Information Services Branch administers and coordinates procedures for preparation for all inpatient medical records, including clinical records, narrative summaries, operation reports, medical boards, and other records of inpatient care and treatment; operates the inpatient central dictating system and the outpatient dictating system is responsible for the hospital Tumor Registry, Birth and Death Registry, Inpatient and Outpatient Concurring Utilization Review, and Retrospective Medical Audit Program. This branch further obtains, processes and reports statistics pertaining to professional treatment of patients, and the workload of this hospital. Compiles and analyzes statistical data pertaining to the care and treatment of inpatients and outpatients; prepares medical statistical reports as required for the use of regional medical staff or for higher authority; assembles and files clinical records; maintains the hospital archives; and provides information regarding injury in third party liability cases.

QUARTERLY STATISTICAL MORBIDITY/MORTALITY REPORTS

CY 78

ANNEX E

NAVAL HOSPITAL
BEAUFORT, SOUTH CAROLINA 29902

QUARTERLY MORBIDITY/MORTALITY STATISTICAL MEETING
5 MAY 1978 (JAN-FEB-MAR 78)

Present: Captain W. R. Mullins, MC, USN, Director, Clinical Services & Chief, Medical Service
Captain B. J. Devos, DC, USN, Chief, Dental Service
Captain D. J. McMahon, MC, USN, Chief, Surgical Service
CDR E. C. Noel, Jr., MC, USN, Chief, OB/GYN Service
LCDR W. H. Bestermann, Jr., MC, USNR, Internal Medicine Service
LCDR J. R. Hetrick, MC, USNR, Internal Medicine Service
LT J. A. Germak, MC, USNR, Pediatric Service
LT J. R. Hetrick, MSC, USN, Chief, Patient Affairs Service
LTJG J. W. Drinkwater, MSC, USNR, Laboratory Officer

The Quarterly Morbidity/Mortality Statistical Meeting for the 1st Quarter was held at 1230 on this date in the Conference Room. The Statistical Report had been reviewed prior to the meeting, and the following comments were made:

Surgical Service:	A decrease in admissions to the Surgical Service and surgical procedures was noted. This decrease is also reflected in the Anesthesia statistics.
Medical Service:	The large increase in admissions to the Medical Service was felt to be due to the recruits admitted from P.I. (short term admissions with rubella and rubeola).
Ophthalmology:	A marked increase in admissions was noted.
Otolaryngology:	The statistics reflect a decrease in workload because of cutting back on surgery and because Doctor Watts is moving the ENT Clinic to Parris Island effective 8 May.
Orthopaedic Service:	Admissions to the Orthopaedic Service were up 96% and surgical procedures up 65%, and Physical Therapy statistics reflect this increase also.
OB/GYN Service:	The decrease in New OB Visits reflects a change in recording of the statistics. (Previously a new prenatal patient came in for a history and lab work and then returned for a second visit for her physical exam; these were counted as two New OB Visits). The compli- cations (pre-eclampsia) were noted

to be decreased. Doctor Noel explained that better criteria are being used for making that diagnosis now.

The GYN statistics reflect a decrease, primarily due to the discontinuance of the evening Pap Smear Clinics. Also, ultrasounds are being done here now and were not a year ago, and more colposcopies are being done.

Pediatric Service: Admissions have slightly increased, and the decrease in outpatient visits was felt to be due to a change from 10 minute to 15 minute appointments.

Dental Service: Captain Devos requested that his statistics reflect total admissions rather than a breakdown of adult and pediatric admissions. He explained that previously inpatient visits had been reflected under Procedures, but this Quarter they reflect only the procedures. Future reports will have inpatient visits recorded. The statistics are down somewhat due to the fact that Captain Devos was at NRDC, Parris Island, during January and February. The statistics reflect the general dentist's and his workload for one month and what he was able to do at Parris Island during January and February.

Radiology Service: It was noted that more films from MCAS and MCRD are being read. The increase in special studies was felt to be due to their being more readily available than when Dr. Sherbert was covering the Service.

Laboratory Service: The increase in Laboratory procedures was due to the overall increase in patients. The blood utilization rate has improved because more physicians are ordering one unit to be typed and crossmatched and other units "type and hold," which makes the statistics more in line with those at other naval hospitals and civilian hospitals.

The deaths which occurred during the Quarter were then presented as follows:

COOK, JANE/DW/USN
Cause of Death: Respiratory Failure Secondary to Carcinoma of Breast with Pulmonary Metastases

This patient was previously presented at Tumor Board. She was the wife of one of the Chief's on the staff who died of extensive metastatic disease from breast carcinoma.

MOTES, SANDRA/DD/USN
Cause of Death: Gunshot Wound to Abdomen

This patient was DOA with a gunshot wound to the abdomen. At autopsy there was a large tear in the aorta, and she died of exsanguination before arriving at the Hospital.

WILSON, EZEKIEL/USA/RET
Cause of Death: Pneumonia and Heart Failure

This was an elderly gentleman who had been followed at the Naval Hospital, Beaufort, for several years for severe chronic obstructive pulmonary disease. He presented to the Emergency Room with some shortness of breath 1-2 days before this admission, and when seen at that time by the same physician who had seen him before, he did not feel that there was any dramatic change from previous episodes. The evening of this admission he came in with fever, elevated white count, and had diffuse white-out of his lungs. The examination and laboratory studies in the Emergency Room seemed to be most consistent with pulmonary edema with underlying pneumonia. He was treated with Lasix, oxygen, and other pulmonary edema treatment, and then admitted to the Intensive Care Unit. At that point he stated that he was feeling better. Arrangements were being made to put in a Swanz-Ganz catheter, to try to clarify the situation, when he suddenly arrested. Efforts to resuscitate him were to no avail.

It was noted by the attending physician that the x-rays taken two nights before this admission were reviewed in retrospect, and they did not reveal the seriousness of this man's disease.

POLLARD, ETHEL/DW/USA/DEC
Cause of Death: Myocardial Infarction

This was an elderly lady who had known arteriosclerotic heart disease, angina, and had a previous history of heart attacks. She lived near Walterboro, and the morning of her arrival here had had several hours of chest pain. She apparently did not want to come to the Hospital,

but finally her daughter persuaded her to do so. She apparently arrested near the Marine Corps Air Station, and upon arrival here she was in an arrest status. Resuscitative efforts were to no avail.

SMITH, Louise/DW/USN/RET
Cause of Death: Cerebrovascular Accident; Diffuse ASHD; Hypertension; and Renal Artery Stenosis

This was a middle-aged lady who had renal artery stenosis. During an examination she was found to have severe hypertension, and by the time she was treated for this, she had developed diffuse vascular disease with renal artery stenosis. Her blood pressure initially was rather difficult to control, and there were periods when it was not controlled very well. Her diastolics would range in the 100-110 range. Her regimen was changed to high doses of Inderal and Apresoline, in addition to her other medications, and it stablized fairly well.

On the evening before this admission she told her husband that she felt like her blood pressure was up. Her blood pressure was taken and the diastolic was 170. Her husband told her that she should come to the Hospital, but apparently she decided not to come in that evening. The next morning she called her mother and told her she had better come to her quick because something bad was happening. By the time she arrived she was in a deep coma, and upon arrival at the Hospital both pupils were midpoint and very sluggishly reactive, and she had a few of the most basic spine reflexes and went downhill from there. Her blood pressure was high when she came in, several drugs were instituted, and finally she was placed on nitroprusside to control her pressure. Everything from that point on was metabolically fine, but she continued to deteriorate and by the end of that same day she was clinically dead, and it was a matter of watching and waiting for some improvement, but it never came.

At autopsy she was found to have an extensive hemorrhage into the right cerebral hemisphere.

HAYWARD, JOHN/SGTMAJ/USMC
Cause of Death: Myocardial Infarction

This active duty Sergeant Major, USMC, was dead on arrival at the Hospital. He was 49-years-old with no proven history of heart disease. He and his wife had been out that evening, and he complained of a little chest discomfort. He attributed this to indigestion. They went to bed and sometime during the night he got up and went to the bathroom. She went to check on him and found him lying on the floor. An ambulance was called from Parris Island, and the MOOD at the Dispensary went out with the ambulance. He tried to resuscitate him enroute to the Hospital, but efforts were to no avail.

At autopsy he was found to have severe, three vessel coronary disease and a recent occlusion of the left anterior descending artery.

WHITE, Baby Boy/DS/USMC
Cause of Death: Placental Separation (fetal death)

This was the product of a 27-year-old Caucasian, Gravida I, female. Apparently her pregnancy was uncomplicated until about two weeks prior to her admission to the Hospital, after having three days of spotting.

On admission to the Hospital a pelvic examination was not done other than a speculum exam that showed a small amount of bleeding. The uterus was 24 weeks size, which was consistent with menstrual history and also by ultrasound. Because of the suspection of placental previa versus abruptio placenta, she was referred to the Medical University in Charleston where a repeat ultrasound was performed. It was the impression that there was a fundal placenta which had a loose area between it and the uterine wall, and this was felt to be compatible with early abruption. However, since she was so early in her gestational age it was not felt beneficial to deliver her at that time, and she was consequently transferred back here. On the day following her return from Charleston she began to have more bleeding and cramping, and pelvic exam revealed the cervix to be 4 cms. dilated. The membranes were ruptured, and she was delivered of a male infant with essentially 0/1 APGARS.

SCOTT, Baby Boy/DS/USMC
Cause of Death: Extreme prematurity

This was a 380 gram (13 oz.) male fetus that was delivered of a 30-year-old G-5, P-3, AB-1 Caucasian female. Her last menstrual period was five months previously, and the gestational age was estimated to be approximately 21 weeks. At 1 minute the APGAR was 2. Attempts at intubation were unsuccessful because the opening was too small. He was given Atropine and Epinephrine, however, he did not respond, the heart rate remaining slow and finally stopped.

DEUTSCH, Damian/DS/USMC
Cause of Death: Suspected Pneumonitis

This was a three-month-old child who had been seen in the Pediatric Clinic a couple of times during the week for a cold and the other time for an episode of choking and turning blue while at the Circus Room. Examinations at the time were within normal limits except the child had monilial dermatitis in the diaper area and on the neck and seborrhea of the head.

On the night the child was brought to the Emergency Room, the baby sitter gave the history that the child developed fever and diarrhea and then had what sounded like a seizure. At that time the baby sitter called the mother, and it was decided that they would meet at the Hospital (they resided in Laurel Bay). At the time the baby sitter arrived with the child there was no heart rate. The pupils were fixed and dilated. The

child was intubated, aerated, and cardiac massage undertaken, however, there was no response.

Autopsy findings revealed a suspected pneumonitis, not consistent with sudden infant death.

There was a discussion relative to the resuscitative efforts undertaken on this child. The attending pediatrician felt they were indicated in view of the questionable history and the exact time of death was unknown. (The baby sitter stated that the child made a noise in the vicinity of Ribaut Road enroute to the Hospital.)

Following the presentation of this case, Doctor Germak provided a brief discussion of S.I.D. (sudden infant death).

A copy of the Quarterly Statistical Mortality-Morbidity Report is attached.

Approved:

D. C. GOOD
CAPTAIN, MC, USN
COMMANDING OFFICER

Submitted:

W. R. MULLINS
CAPTAIN, MC, USN
DIRECTOR, CLINICAL SERVICES

QUARTERLY STATISTICAL MORTALITY-MORBIDITY REPORT

1ST QUARTER - JAN-FEB-MAR 1978

		This Quarter	Last Year This Qrtr.
TOTAL ADMISSIONS		1112	828
TOTAL OUTPATIENT VISITS		25,519	27,590
URGICAL SERVICE			
dmissions		133	156
Adult	126		148
Pediatric	7		8
ischarges		119	152
Adult	112		144
Pediatric	7		8
utpatient Clinic for Surgical Service			
i its		1072	1057
ilitary	428		392
Dependents	478		512
Retired	164		151
Other	2		2
rocedures		214	213
I&D	35		28
Proctoscopy	31		30
REmoval of Sutures	72		68
Suturing Lacerations	9		2
Minor Surgery	53		56
Other	14		29
eaths on Surgical Service		1	0
DR Visits (All Services)		2890	2669
Immunizations		1722	2584
PERATING ROOM STATISTICS:			
URGICAL SERVICE			
otal Operations Performed		69	100
ajor	69		95
Minor	0		5

OPERATING ROOM STATISTICS		This Quarter	Last Year This Qrtr.
ALL SERVICES			
Total operations performed		262	317
Major	258		283
Minor	4		34
Total Cases of blood transfusions in O.R.		9	3
Anesthetic Statistics for All Services			
Total number anesthetics given		324	345
General	191		241
Spinal	22		11
Brachial and Axillary Block	12		5
Caudal	0		0
OB Pudendal	71		66
OB Saddle	3		11
Transsacral	0		0
Other Blocks	0		6
Local	25		5
Anesthetic Complications		0	0
Recovery Room Statistics, All Services			
Total Patients using RR		239	300
Total Patient hours in RR		438 hrs.	679.4 hrs
Maximum time patient spent in RR		10.75 hrs.	12 hrs
Average time patient spent in RR		1.79 hrs.	2.3 hrs
Intensive Care Unit			
Total patients using ICU		93	98
Total number of patient days		228.5 days	178.16days
Average number days spent in ICU		2.4 days	1.53days
Maximum time patient spent in ICU		15 days	10.33days

MEDICAL SERVICE		This Quarter	Last Year This Qrtr.
Admissions		360	125
Discharges		348	115
Outpatient Clinics:			
Visits		5891	5604
General Medicine	3683		3674
Internal Medicine	1932		1702
Inhalation Therapy	276		228
Procedures		354	431
ECGs	315		372
Pulmonary Function Studies	39		59
Deaths on Medical Service		2	1

DERMATOLOGY SERVICE			
Admissions		0	0
Pediatric Admissions		0	0
Adult Admissions		0	0
Discharges		0	0
ADult		0	0
Pediatric		0	0
Outpatient Clinic			
Visits		1557	1548
Dependents	485		521
Military	907		861
Retired & Other	165		166
Procedures		638	559

EENT SERVICE		This Quarter	Last Year This Qrtr
OPHTHALMOLOGY			
Admissions		14	5
Adult	8		5
Pediatric	6		0
Discharges		14	5
Adult	8		5
Pediatric	6		0
Inpatient Consultations		4	7
Inpatient Surgery		13	5
Major	11		5
Minor	2		0
Outpatient Surgery		84	48
Total Outpatient Visits		1261	1165
Ophthalmology	594		594
Active Duty	105		142
Dependents & Others	489		452
Optometry	667		571
Active Duty	105		114
Dependents & Others	562		457
OTOLARYNGOLOGY			
Admissions		29	55
Adult	29		43
Pediatric	0		12
Discharges		26	51
Adult	26		39
Pediatric	0		12
Inpatient Consultations		3	6
Inpatient Surgery		17	47
Major	17		34
Minor	0		13
Outpatient Surgery		113	232
Outpatient Visits		652	1063
Active Duty	201		311
Dependents & Others	451		752
EENT PROCEDURES			
Ophthalmology/Optometry		1072	1114
RX reads	1072		656
Tonometries	692		413
Visual Fields	336		45
Otolaryngology (audiograms)		108	182

ORTHOPAEDIC SERVICE

		This Quarter	Last Year This Qrtr.
Admissions		155	79
Adult	154		74
Pediatric	1		5
Discharges		136	74
Adult	135		69
Pediatric	1		5
Outpatient Visits		2237	1915
Military Clinic	1445		1117
Dependents Clinic	606		683
Retired & Others	186		115
Podiatry Visits		375	200
Minor Procedures		200	182
Operations		94	57
Major	92		49
Minor	2		8
Reductions of Fractures & Dislocations		102	87
Postoperative Infections		2	0
Casts applied		350	504
Deaths on Orthopaedic Service		0	0

PHYSICAL THERAPY

	Outpatient	Inpatient	Total	Outpatient	Inpatient	Total
Military	1860	124	1984	1178	102	1280
Dependent	762	37	799	1375	87	1462
Retired	295	14	309	327	21	348
Other	63	3	66	86	0	86
TOTAL:	2980	178	3158	2966	210	3176

OBSTETRICAL AND GYNECOLOGICAL SERVICE

OB SERVICE

			This Quarter	Last Year This Qrtr
Outpatient Visits			1567	1923
New OB Visits		151		373
Return OB Visits		1336		1293
Postpartum Visits		80		1400
Admissions			165	151
Deliveries: (Patients: 140) (Babies: 140)				133 133
Vaginal		126		115
Vertex	123			113
Breech	3			2
Abdominal		14		18
Primary Section		7		14
CPD	5			5
Breech	1			3
Fetal Distress	1			1
Abruptio placenta	0			2
Failure to progress	0			3
Repeat Section		7		4
Tubal Ligations			19	22
Circumcisions			67	59
Twins Delivered			0	0
Premature Deliveries			5	17
Complications			23	18
Abruptio placenta		7		2
Uterine inertia		1		0
Cervical dystocia		0		2
Pre-eclampsia		2		12
Diabetes Mellitus		0		2
True knot/nuchal cord		13		0
Mortality			2	1
Maternal		0		0
Perinatal		2		1
Stillborn	1			1
Immature (401-1000 gms)	1			1
Neonatal	1			0
Immature (401-1000 gms)	1			0

GYNECOLOGY SERVICE			This Quarter	Last Year This Qrtr.
Outpatients				
Visits			968 (FP=332)	1528 (FP=425)
Procedures			1144	1494
Pap smears		776		1184
Cauterizations/Cryocautery		19		28
Slides		128		151
Biopsy		41		51
IUD		61		72
Colposcopy		17		3
Ultrasound		97		0
D & C		5		2
Admissions			47	66
Non-operative		0		0
Surgical Procedures		50		78
Major	50			75
Minor	0			3

PEDIATRIC SERVICE				
Admissions			197	180
Nursery (Newborn)		140		133
Pediatric, Other		53		47
Discharges			187	181
Nursery (Newborn)		134		131
Pediatric, Other		53		50
Outpatient Visits			4477	5336
Deaths on Pediatric Service			1	0

DENTAL SERVICE

	This Quarter	Last Year This Qrtr
Admissions, Adult	19	9
Admissions, Pediatric	0	2
TOTAL:	19	11
Discharges, Adult	19	6
Discharges, Pediatric	0	1
TOTAL:	19	7
Outpatient Visits (1 = PT visits)	715	751

Procedures:

	Inpatient	Outpatient	Inpatient	Outpatient
General Dentistry	2	608	33	1476
Oral Surgery	83	510	322 visits	333
TOTAL:	85	1118	355	1809

Surgery in O.R.	5	12
Major	5	7
Minor	0	5

RADIOLOGY SERVICE

Films read from MCAS	150	40
Films read from MCRD	400	100
Special Procedures (GI, BaEnema, Cholecystogram, IVP, etc.)	328	250
Complications	1	0
Total patients	3148	2905
Average number of films per patient	3.0	4.83
Total films exposed	12,453	14,057
Total examinations	4450	3697

LABORATORY SERVICE		This Quarter	Last Year This Qrtr.
Total Laboratory Tests		113,584	79,864
Outpatients	85,530		62,983
Inpatients	28,054		16,881

Blood Bank

Cross Matches set up	290	260
Number of units used	118	23

Blood Donor Center

Donors processed	312	204
Donors rejected	31	32
Units of blood collected	281	164
Short bleedings (less than 450 cc.)	7	8
Bleedings shipped	151	47

AUTOPSIES

Number of Autopsies for this Quarter:

	DEATHS	AUTOPSIES	RATE
Inpatient deaths	4	1	25%
DOAs	5	4	80%
Stillborn	1	0	0
TOTAL:	10	5	50%

Number of Autopsies for this Quarter, Last Year;

	DEATHS	AUTOPSIES	RATE
Inpatient deaths	1	1	100%
DOAs	4	1	25%
Stillborn	1	1	100%
TOTAL:	6	3	50%

MORTALITY

* Hospital Cases Autopsied
** DOAs Autopsied

SERVICE	NAME & STATUS	CAUSE OF DEATH	DATE OF DEATH
OB SERVICE			
Dr. Griffin	WHITE, BABY BOY d/s/USMC	Placental separation (fetal death)	1/17/78
NSY			
Dr. Graham	SCOTT, BABY BOY d/s/USMC	Extreme prematurity	3/22/78
ICU			
Dr. McMahon	COOK, JANE d/w/USN	Respiratory failure; carcinoma of breast w/pulmonary metastases	1/24/78
Dr.Bestermann	WILSON, EZEKIEL USA/Ret	Pneumonia & Heart failure	3/28/78
Dr.Bestermann *	SMITH, LOUISE d/w/USN/Ret	Cerebrovascular accident; diffuse ASHD;hypertension; renal artery stenosis	3/31/78
DOA			
Dr. Germak **	DEUTSCH, DAMIAN d/s/USMC	UNKNOWN	1/21/78
Dr. Sharma **	HAYWARD, JOHN SGTJAM/USMC	Probable MI	1/22/78
Dr. McMahon **	MOTES, SANDRA d/d/USN	Gunshot wound to abdomen	1/25/78
Dr.Bestermann	POLLARD, ETHEL d/w/USA/Dec.	MI	3/18/78
Coroner **	DUTCHER, VICKIE d/w/USMC	Asphyxiation from strangulation by hanging	3/22/78

NAVAL HOSPITAL
BEAUFORT, SOUTH CAROLINA 29902

MORBIDITY/MORTALITY STATISTICAL CONFERENCE
28 JULY 1978 (APR/MAY/JUN)

Present: Captain W. R. Mullins, MC, USN, Director, Clinical Services & Chief, Medical Service
Captain D. J. McMahon, MC, USN, Chief, Surgery Service
LT M. P. Moore, Jr., MSC, USNR, Podiatrist
LTJG J. W. Drinkwater, MSC, USNR, Laboratory Officer
Mrs. Geraldine Martin, Patient Affairs Service

A Morbidity/Mortality Statistical Conference was held at 1230 on this date in the Conference Room. The Quarterly Morbidity/Mortality Statistical Report for the 2nd Quarter had been distributed for review prior to the Conference. The following comments concerning the Report were made:

Total Admissions:	An increase in admissions of 18% was noted, felt attributable to the short term admissions from Parris Island. A decrease in total outpatient visits of 11% was noted, felt attributable to the loss of some services during June (ENT and overall staff turnover).
Medical Service:	An increase in admissions of 46% was noted, again felt attributable to the admissions from Parris Island and the large number of measles cases that were admitted during the Quarter. Outpatient visits showed an increase of 10%.
Dermatology Service:	Outpatient visits showed a decrease of 14% felt attributable to the dermatologist being away on several occasions.
EENT Service:	An increase in admissions to the Ophthalmology Service was noted, felt due to the ophthalmologist doing more surgery before being released from active duty. The ENT statistics reflected a decrease in admissions and outpatient procedures due to the fact that the otolaryngologist spent most of his time at the MCRD Branch

EENT Service:	Clinic during this Quarter and was on terminal leave during the month of June.
Orthopaedic Service:	The Orthopaedics statistics showed an increase in admissions of 87%.
OB/GYN Service:	The statistics for the OB Service (outpatient visits) indicated a decrease of 28%. These statistics will be checked by the ARTs, as no explanation was available for the decrease. GYN visits and procedures reflected a decrease, felt to be due to the decrease in the number and availability of routine Pap smears.
Pediatric Service:	The statistics reflected an increase in admissions of 19%, but a decrease in outpatient visits by 17% felt to be due to a decrease in demand rather than availability of services.
Dental Service:	The Dental Service's statistics reflected an increase in admissions of 120%, felt due to the admission to the Hospital of patients for multiple extractions, formerly done at the NRDC, Parris Island. It was felt that this would increase even more when the recruit training program goes to 9 weeks in October, vice 11 weeks.
Radiology Service:	Films read from MCAS were recorded this Quarter, whereas last year this quarter radiology coverage was on a fee-for-service basis, with the radiologist only available parttime. This also would account for the significant increase in special procedures.
Laboratory Service:	All statistics indicate an increase, with more units being shipped to the Regional Blood Bank in Boston and because of outdating.

The deaths which occurred during the Quarter were then discussed as follows:

DARDEN, Charles/DH/PHS/RET
Cause of Death: Hemoptysis, Pneumonitis and Sepsis
(Squamous Cell Carcinoma, Lung)

This was a 67-year-old retired gentleman with a diagnosis of squamous cell carcinoma of the lung, diagnosed in November 1976. He had received chemotherapy and irradiation at Bethesda. He was admitted on 11 May with what appeared to be pneumonia, sepsis, and hemoptysis. His treatment was largely supportive, having been started on antibiotics. On 22 May he had a massive intrapulmonary bleed and died at that time.

No autopsy was obtained.

DAGINS, Baby Boy/DS/USA
Cause of Death: Prematurity

This was a stillborn that was delivered to a 25-year-old Gravida I Black female with known sickle cell trait, at 30 weeks gestation. She was seen in the OB Clinic on 2 June where she related she had noted no fetal movement for about two weeks, and in measuring the height of the fundus, there had been no growth in four weeks, and there were no fetal heart tones. She was advised of this, and when seen again on 5 June the fundal height had decreased and no fetal heart tones were audible with the fetoscope or the doptome. An ultrasound was done which revealed a biparietal diameter compatible with 20 weeks gestational age, and no cardiac activity was noted. She was again advised of this, and it was elected to admit her at that time for induction. She was subsequently delivered of a male stillborn weighing 12 ounces. Her postpartum course was uneventful.

Autopsy findings showed marked autolysis with loss of histological details of the organs. No anomaly was noted. The umbilical cord showed three blood vessels. The size of the fetus was consistent with twenty-two weeks gestation. There were no demonstrable obvious findings to explain the intrauterine fetal demise.

KEISTER, Charles R./MGYSGT/USMC/RET
Cause of Death: Traumatic Aortic Rupture due to auto accident

This patient presented to the Emergency Room early in the morning of 1 April having been involved in an auto accident. He was found to have multiple injuries including a fracture of the left ankle and multiple lacerations and contusions. He complained of shortness of breath and back pain. His vital signs were stable, the only pertinent physical finding being distant heart sounds. After initial stabilization and insertion of IV's, Foley catheter, and nasogastric tube in the Emergency Room, he was taken to X-ray for further evaluation of his

injuries. The chest x-ray revealed widening of the superior mediastinum. About the time the x-ray was obtained he went into shock. Attempts were made to resuscitate him with cardiac massage, etc., but they were unsuccessful. He was pronounced dead at 0425 on 1 April 1978.

No autopsy was performed, but it was felt that he had a traumatic rupture of the aorta from the impact of the auto accident, which had become sealed by a clot that subsequently broke loose. In retrospect, it was felt that an attempt should have been made to obtain an autopsy on this patient.

GLICK, Marcelle/DD/USMC
Cause of Death: Cardiorespiratory Arrest due to Electrical Shock

This was a 17-month-old dependent daughter who, during the evening of 7 June 1978, received an electrical shock from the side of a mobile home in which she and her family resided. Mouth-to-mouth resuscitation was started at the scene by a neighbor and CPR instituted by EMS upon arrival at the scene. She was transported by EMS to the Naval Hospital, Beaufort, where upon arrival her pupils were fixed and dilated with no spontaneous respiration or heart beat. CPR was attempted for approximately one hour, without response, and she was pronounced dead at 1945.

No autopsy was performed.

A copy of the Morbidity/Mortality Statistical Report is attached.

Approved:

D. C. GOOD
CAPTAIN, MC, USN
COMMANDING OFFICER

Submitted:

W. R. MULLINS
CAPTAIN, MC, USN
DIRECTOR, CLINICAL SERVICES &
CHIEF, MEDICAL SERVICE

QUARTERLY STATISTICAL MORTALITY-MORBIDITY REPORT

2ND QUARTER - APR-MAY-JUN 1978

		This Quarter	Last Year This Qrtr.
TOTAL ADMISSIONS		1,072	910
TOTAL OUTPATIENT VISITS		23,930	26,887
SURGICAL SERVICE			
Admissions		178	187
Adult	166		180
Pediatric	12		7
Discharges		169	189
Adult	157		182
Pediatric	12		7
Outpatient Clinic for Surgical Service			
Visits		1206	1159
Military	433		413
Dependents	562		533
Retired	211		209
Other	0		4
Procedures		307	281
I&D		25	39
Proctoscopy		31	22
Removal of Sutures		103	98
Suturing Lacerations		23	6
Minor Surgery		71	91
Other		54	25
Deaths on Surgical Service		1	1
EDR Visits (All Services)		2692	3005
Immunizations		1669	2505
OPERATING ROOM STATISTICS			
SURGICAL SERVICE			
Total Operations Performed		102	86
Major	101		85
Minor	1		1

OPERATING ROOM STATISTICS		This Quarter	Last Year This Qrtr.
ALL SERVICES			
Total operations performed		287	246
Major	286		228
Minor	1		18
Total Cases of Blood Transfusions in OR		9pts. 23 units	5
Anesthetic Statistics for All Services			
Total number anesthetics given		361	299
General	184		200
Spinal	11		13
Brachial and axillary block	5		1
Caudal	0		0
OB Pudendal	73		77
OB Saddle	1		1
Transsacral	0		0
Other Blocks	10		2
Local	43		3
Epidural	34		2
Anesthetic Complications		0	0
Recovery Room Statistics, All Services			
Total Patients using RR		243	242
Total Patient hours in RR		621.8 hrs	492.3 hrs
Maximum time patient spent in RR		10.75 hrs	11.3 hrs
Average time patient spent in RR		2.56 hrs	2.09 hrs
Intensive Care Unit			
Total patients using ICU		96	77
Total number of patient days		231.6 days	183.5 day
Average number days spent in ICU		2.4 days	2.34day
Maximum time patient spent in ICU		12 days	28 day

MEDICAL SERVICE		This Quarter	Last Year This Qrtr.
Admissions		316	216
Discharges		273	209
Outpatient Clinics			
Visits		5766	5243
General Medicine	3454		3460
Internal Medicine	2003		1582
Inhalation Therapy	309		201
Procedures		359	224
ECGs	355		197
Pulmonary Function Studies	4		27
Deaths on Medical Service		1	0

DERMATOLOGY SERVICE			
Admissions		2	1
Adult	2		1
Pediatric	0		0
Discharges		2	1
Adult	2		1
Pediatric	0		0
Outpatient Clinic			
Visits		1254	1452
Dependents	442		473
Military	652		848
Retired & Other	160		131
Procedures		530	624

EENT SERVICE		This Quarter	Last Year This Qrtr.
OPHTHALMOLOGY			
Admissions		9	2
Adult	7		1
Pediatric	2		1
Discharges		9	2
Adult	7		1
Pediatric	2		1
Inpatient Consultations		4	5
Inpatient Surgery		7	7
Major	7		6
Minor	0		1
Outpatient Surgery		29	61
Total Outpatient Visits		1235	1508
Ophthalmology	444		754
Active duty	113		201
Dependents & others	331		553
Optometry	791		189
Active duty	133		46
Dependents & others	658		143
OTOLARYNGOLOGY			
Admissions		17	26
Adult	17		24
Pediatric	0		2
Discharges		17	30
Adult	17		25
Pediatric	0		5
Inpatient Consultations		1	0
Inpatient Surgery		14	28
Major	14		28
Minor	0		0
Outpatient Surgery		40	201
Total Outpatient Visits		294	683
Active Duty	97		187
Dependents & others	197		496
EENT PROCEDURES			
Ophthalmology/Optometry		917	756
Rx reads	516		471
Tonometries	322		269
Visual Fields	19		16
Otolaryngology (audiograms)		46	125

ORTHOPAEDIC SERVICE

		This Quarter	Last Year This Qrtr.
Admissions		144	77
Adult	142		75
Pediatric	2		2
Discharges		141	82
Adult	139		80
Pediatric	2		2
Outpatient Visits		2022	2049
Military Clinic	1172		1141
Dependents Clinic	656		788
Retired & other	194		120
Podiatry Visits		349	293
Minor Procedures		500	450
Operations		95	46
Major	95		42
Minor	0		4
Reductions of Fractures & Dislocations		280	350
Postoperative Infections		1	2
Deaths on Orthopaedic Service		0	0
Casts Applied		300	437

PHYSICAL THERAPY

	Outpatient	Inpatient	Total	Outpatient	Inpatient	Total
Military	1564	84	1648	1381	74	1455
Dependent	879	60	939	868	67	935
Retired	296	19	315	306	20	326
Other	36	4	40	72	0	72
TOTAL:	2775	167	2942	2627	161	2788

OBSTETRICAL AND GYNECOLOGICAL SERVICE			This Quarter	Last Year This Qrtr.
OB SERVICE				
Outpatient Visits			1579	2197
New OB Visits		151		276
Return OB Visits		1332		1779
Postpartum Visits		96		142
Admissions			147	155
Deliveries (Patients: 135) (Babies: 136)				143 141
Vaginal		122		131
Vertex	117			125
Breech	5			5
Abdominal		14		12
Primary Section	8			9
CPD	0			1
Placenta praevia	0			1
Abruptio placenta	2			0
Failure to progress	1			2
Breech	2			3
Fetal distress	3			2
Repeat Section	6			3
Tubal Ligations			14	18
Circumcisions			59	68
Twins Delivered			1 set	0
Premature Deliveries			4	3
Complications			9	4
Abruptio placenta		2		2
Uterine inertia		1		0
Pre-eclampsia		0		2
Premature rupture of membranes		2		0
Intrauterine growth retardation		4		0
Mortality			1	3
Maternal		0		0
Perinatal		1		3
Stillborn	1			2
Mature (over 2500 gms)	0			1
Immature (401-1000 gms)	1			1
Neonatal	0			1
Immature (401-1000 gms)	0			1

GYNECOLOGY			This Quarter	Last Year This Qrtr.
Outpatients				
Visits			874 (FP=205)	1288 (FP=376)
Procedures			1174	1464
Pap smears		623		1091
Cauterizations/Cryocautery		38		23
Slides		227		178
Biopsy		42		54
IUD		58		79
Colposcopy		22		36
Ultrasound		163		-
D&C		1		3
Admissions			52	56
Non-operative		2		0
Surgical Procedures		50		56
Major	50			54
Minor	0			2

PEDIATRIC SERVICE				
Admissions			199	167
Nursery (Newborn)		136		141
Pediatric, Other		63		26
Discharges			195	174
Nursery (Newborn)		127		143
Pediatric, Other		68		31
Outpatient Visits			4269	5138
Deaths on Pediatric Service			0	1

DENTAL SERVICE	This Quarter	Last Year This Qrtr.
Admissions, Adult	22	10
Admissions, Pediatric	1	3
TOTAL:	23	13
Discharges, ADult	21	13
Discharges, Pediatric	1	4
TOTAL:	22	17
Outpatient Visits	502	752
Inpatient Visits	111	-

Procedures:

	Inpatient	Outpatient	Inpatient	Outpatient
General Dentistry	10	82	169	1286
Oral Surgery	261	1364	204	483
TOTAL:	261	1446	373	1769

rgery in OR		7	11
Major	7		10
Minor	0		1

RADIOLOGY SERVICE		
Films read from MCAS	925	0
Films read from MCRD	0	0
Special Procedures (GI, BaEnema, Cholecystogram, IVP, etc.)	296	22
Complications	0	0
Total patients	3265	2572
Average number of films per patient	3.8	3.7
Total films exposed	12,098	10,170
Total examinations	4049	3238

LABORATORY SERVICE		This Quarter	Last Year This Qrtr.
Total Laboratory Tests		118,710	92,939
Outpatients	86,617		70,795
Inpatients	32,093		22,144

Blood Bank

Cross Matches set up	213	176
Number of units used	69	32

Blood Donor Center

Donors processed	563	237
Donors rejected	71	26
Units of blood collected	481	211
Short bleedings (less than 450 cc.)	11	7
Bleedings shipped	307	144

AUTOPSIES

Number of Autopsies for this Quarter:

	DEATHS	AUTOPSIES	RATE
Inpatient deaths	2	0	0%
DOAs	1	0	0%
Stillborn	1	1	100%
TOTAL:	4	1	25%

Number of Autopsies for this Quarter, Last Year;

	DEATHS	AUTOPSIES	RATE
Inpatient deaths	2	0	0%
DOAs	1	1	100%
Stillborn	2	2	100%
TOTAL:	5	3	60%

MORTALITY

* Hospital Cases Autopsied

SERVICE	NAME & STATUS	CAUSE OF DEATH	DATE OF DEATH
M&S			
Dr. Bestermann	DARDEN, CHARLES DH/PHS/Ret	Hemoptysis;Pneumonitis & sepsis;bronchogenic carcinoma, lung	5/22/78
DEL ROOM			
Dr. Noel	* DAGINS, BABY BOY DS/USA	Stillborn.Post:Prematurity 29 weeks,marked maceration	6/7/78
ER			
Dr. Holmes	KEISTER, CHARLES USMC/Ret	Traumatic thoracic aortic rupture (auto accident)	4/1/78
DOA			
Dr. Stafford	GLICK, MARCELLE DD/USMC	Cardiorespiratory arrest due to electrical shock	6/7/78

NAVAL HOSPITAL
BEAUFORT, SOUTH CAROLINA 29902

QUARTERLY MORTALITY-MORBIDITY STATISTICAL MEETING
3rd QUARTER 1978 (JUL-AUG-SEPT)
27 OCTOBER 1978

Present: Captain W. R. MULLINS, MC, USN, Director, Clinical Services & Chief, Medical Service
Captain B. J. DEVOS, DC, USN, Chief, Dental Service
LCDR W. H. Bestermann, Jr., MC, USNR, Internal Medicine Service
LCDR J. R. Kaiser, MC, USNR, Internal Medicine Service
LCDR M. E. Graham, MC, USNR, Pediatric Service
Captain S. Oertli, VC, USAF, Regional Veterinarian
LT J. R. Hetrick, MSC, USN, Chief, Patient Affairs Service

The Quarterly Mortality-Morbidity Statistical Meeting for the 3rd Quarter 1978 was held at 1230 on 27 October 1978 in the Conference Room. The following comments/corrections to the Statistical Report were made:

Total Admissions/ Total Outpatient Visits	An overall decrease in Admissions of 10% and Outpatient Visits of 23% was noted. It was felt that this was attributable to an overall reduction in staff.
SURGICAL SERVICE	All statistics, except the Intensive Care Unit, reflected a decrease, again attributable to a reduction in staff (from 3 surgeons to one for the majority of this period). The ICU statistics reflected an overall increase due to several seriously ill patients on the Internal Medicine and Pediatric Services.
MEDICAL SERVICE	The workload on the Medical Service has remained relatively stable. The decrease in General Medicine Visits was attributable to there being only one general medicine practitioner during most of this period.
DERMATOLOGY SERVICE	The decrease in Outpatient Clinic

	Visits was attributable to the dermatologist being away on TAD and leave during this period.
EENT SERVICE	The increase in Optometry Visits was attributable to the assignment of a second optometrist to the Hospital during this period, and the fact that the optometrists are seeing patients that formerly would have been referred tothe ophthalmologist.
ORTHOPAEDIC SERVICE	The decrease in workload on the Orthopaedic Service was felt to be attributable to the loss of one orthopedist without replacement. A new appointment system for the Orthopaedic Service has been implemented which should provide for more patients to be seen.
OB/GYN SERVICE	The overall workload on the OB/GYN Service reflects a decrease attributable to there being only one obstetrician and one OB/GYN nurse practitioner on the staff for most of this period. Although attempts have been made to cut down on the delivery rate by offering CHAMPUS, it was felt that the delivery rate was a significant workload for only one obstetrician and one nurse practitioner.
PEDIATRIC SERVICE	Part of the decrease in workload was felt to be attributable to the loss of the physicians' assistant from that Service without replacement. Also, previously patients were seen for the chief complaint only whereas other pathology is being pursued whenever indicated, and this requires more time per visit.

DENTAL SERVICE	Last year this Quarter the Chief, Dental Service was assigned to the NRDC, Parris Island, exclusively (during renovation of the Dental Clinic) which explains the overall increase in workload. The workload statistics of the rotating general dentist are being reported on the NRDC, Parris Island, statistics, however, it was felt that they should be reported on this report as well, with the indication that they are included at Parris Island. More elective surgery is being done on recruits than has been done in the past.
RADIOLOGY SERVICE	It was felt that the statistics reflecting Films read from MCAS and Films read from MCRD were probably reversed. This will be looked into by the Chief, Patient Affairs Service.
LABORATORY SERVICE	The Laboratory statistics indicated a 3% reduction in Total Laboratory Tests felt attributable to the overall decrease in workload throughout the Hospital.

The deaths which occurred during the Quarter were then discussed as follows:

BARKER, JAMES/USMC/RET
Cause of Death: Pulmonary Failure secondary to Carcinoma, Lung

This was a 60-year-old retired Marine who had had an upper lobectomy in November 1977 for carcinoma of the lung. Following this he developed carcinoma of the right lung and was treated at the Medical University Hospital with radiation therapy. Prior to the present admission, which was on 4 August 1978, he had had a progressive downhill course with increasing shortness of breath. On admission he appeared to be terminally ill, with a large mass present in the hilum of the right lung. He was given general supportive-type therapy, including IV fluids, oxygen by mask, and oral

antibiotics. In spite of this his course was rapidly downhill, and he expired during the evening of 5 August 1978.

MARSDEN, EVERETT/ USN/RET
Cause of Death: Acute Thrombus in Vein Graft of Coronary Arteries (eight weeks postop) and Extensive Myocardial Infarction with Cardiac Arrest resulting in Massive Cerebral Infarcts (fourth week postop)

This was a 60-year-old man who, in January of this year, began to have symptoms of ASHD with angina claudication. He had one infarct and several episodes of substernal angina. Consultation with a cardiologist at the Medical University was obtained, and it was felt that catheterization should be considered. He was subsequently catheterized in Charleston and then referred to Houston, where by-pass surgery of the coronary arteries was performed by Doctor Cooley in late July. Following this he did amazingly well. He noted a marked increase in exercise tolerance, and a marked decrease in cardiac medications was required.

During the evening of admission, on 24 August 1978, he was noted by his wife to have agonal respirations. The Emergency Medical Service was called, and apparently responded within 1-2 minutes after he had arrested. Resuscitative measures were instituted, including intubation, and upon arrival at the Emergency Room had spontaneous respirations and heart beat but was comatose and was unresponsive to deep stimuli.

He was admitted to the Intensive Care Unit for approximately one week with various supportive measures being instituted. It was felt that his neurological symptoms were consistent with severe cortical damage, probably secondary to anoxia, however, it was felt that his brain stem was intact. There was no appreciable improvement in his neurological status, however, and he was transferred to M-4 while steps were being undertaken for a transfer to a nursing home. His naso-tracheal tube was replaced with a tracheostomy, and a naso-gastric tube was placed per orum. He tolerated this amazingly well until the evening of demise when he again was noted to have agonal respirations which lasted approximately 45 minutes, seemed to resolve, and then recurred. He was pronounced dead at 2020 that evening.

At autopsy there were several findings consistent with his clinical course. Cerebrally he was noted to have severe, old ischemic changes, with the brain stem intact. Cardiovascularly, he had evidence of both recent and old infarcts

and obstruction. There was evidence of recent thrombosis with recent intimal tear, propagating through the entire length of the coronary by-pass vein graft and subintimal hematoma, recent, of the distal end of the vein graft.

In summary it was felt that he died of an acute thrombus in the vein graft (probably from an ischemic event on 24 August that was cardiac in origin, with cardiac arrest, resulting in massive cerebral infarcts.

In retrospect it was questioned as to how well he had been ventilated prior to his arrival at the Emergency Room. At the time of arrival it was felt that he was not obtaining adequate ventilation (presumably from poorly functioning AMBU bag). After correction, his color and vital signs improved. There was also a discussion concerning the various types of AMBU bags, and it was felt that those with the pop-off valves may be inadequate for patients with more rigid chests. There was also the indication that some type of bag where constant positive airway pressure can be maintained was needed, as well as a blood pressure cuff, for children. The size of the lavage tubes used in the Emergency Room was felt to be inadequate for adults, and it was suggested that the Command look into the possibility of procuring Sherwood tubes. It was agreed that these matters should be presented to the Emergency Room Committee for further consideration/implementation.

MCCOOL, RAMON/DS/USMC
Cause of Death: Sudden Infant Death Syndrome

This was an eight-month-old male child that had been seen in the Pediatric Clinic on several occasions, along with a sibling that had cystic fibrosis. A sweat chloride was done on this child, which did not reveal any evidence of the disease.

During the afternoon of 18 July the mother went into the child's room to check on him and found him dead in bed. Apparently the child had been seen within the past seven days with some sort of viral infection, and a chest x-ray was done at that time.

At autopsy there was evidence of a pneumonic infiltrate, otherwise, the findings were essentially normal.

Doctor Graham discussed the incidence of sudden infant death syndrome (S.I.D.) - occurs in 1 out of 300 live births and is thought to be a sleep disorder. It occurs during certain stages of sleep, probably when the infant has a great deal of muscular relaxation of the pharynx and occlusion of the

airway. Most autopsies are normal. The syndrome tends to run in families.

WILKERSON, LEON D./PVT/USMC
Cause of Death: Asphyxiation secondary to aspiration of stomach contents (Drowning)

This was a 17-year-old Black male recruit who was attending a training swimming pool exercise some 3 to 3-1/2 hours after eating breakfast. After sometime in the water it was noted that he was no longer actively participating and seemed less responsive. He was taken from the swimming pool by the instructor. Some small amounts of vomitus and dribbling from the mouth were noted, and the patient became comatose. Active resuscitation, including continual CPR, was maintained.

When medical assistance arrived at the pool, examination revealed that the patient had no spontaneous pulse or respiration, pupils were constricted, and there was a moderate amount of vomitus in the mouth. CPR was continued by the medical crew, and the patient was transported to the MCRD Branch Clinic. Upon arrival there the patient apparently was not breathing on his own. He was cyanotic with vomitus about his mouth. The airway was clear, with mouth to mouth respiration having been maintained. The pupils were slightly dilated, unresponsive, and continued to dilate. There was no heart beat. An endotracheal tube was passed; an IV was started with epinephrine added, and intracardiac epinephrine was also given. The patient was shocked, and resuscitative efforts were continued for approximately thirty minutes with negative response, and he was pronounced dead at 0920 on 23 August 1978.

The final pathological diagnosis was: Asphyxiation Secondary to Aspirated Stomach Contents.

A copy of the Statistical Report is attached.

Approved:

D. C. GOOD
CAPTAIN, MC, USN
COMMANDING OFFICER

Submitted:

W. R. MULLINS
CAPTAIN, MC, USN
DIRECTOR, CLINICAL SERVICES

QUARTERLY STATISTICAL MORTALITY-MORBIDITY REPORT

3RD QUARTER - JULY-AUG-SEPT 1978

	This Quarter	Last Year This Qrtr.
TOTAL ADMISSIONS	991	1106
TOTAL OUTPATIENT VISITS	20,585	26,587

SURGICAL SERVICE

Admissions		118	215
Adult	114		202
Pediatric	4		13
Discharges		115	215
Adult	112		202
Pediatric	3		13

Outpatient Clinic for Surgical Service

Visits		1025	1465
Military	519		647
Dependents	391		633
Retired	115		183
Other	0		2
Procedures		328	232
I&D	35		63
Proctoscopy	20		36
Removal of Sutures	97		112
Suturing Lacerations	22		20
Minor Surgery	81		70
Other	73		31
Deaths on Surgical Service		1	5
Emergency Room Visits (All Services)		3041	3502
Immunizations		1706	3293

OPERATING ROOM STATISTICS

SURGICAL SERVICE

Total Operations Performed	52	92

OPERATING ROOM STATISTICS		This Quarter	Last Year This Qrtr.
ALL SERVICES			
Total operations performed		198	270
Total Cases of Blood Transfusions in OR		6	2
Anesthetic Statistics for All Services			
Total number anesthetics given		247	385
General	77		280
Spinal	0		14
Brachial and axillary block	1		2
Caudal	0		0
OB Pudendal	67		72
OB Saddle	1		6
Transsacral	0		0
Other Blocks	-		8
Local	24		2
Epidural	77		1
Anesthetic Complications		0	0
Recovery Room Statistics, All Services			
Total Patients using RR		166	264
Total Patient hours in RR		310.2 hrs	398 hrs
Maximum time patient spent in RR		21.6 hrs	13.5 hrs
Average time patient spent in RR		1.9 hrs	1.6 hrs
Intensive Care Unit			
Total patients using ICU		99	70
Total number of patient days		205.3 days	182 days
Average number days spent in ICU		2.01 days	2.61 days
Maximum time patient spent in ICU		9 days	18 days

MEDICAL SERVICE		This Quarter	Last Year This Qrtr.
Admissions		288	298
Discharges		286	294
Outpatient Clinics			
Visits		5119	5403
General Medicine	3283		3531
Internal Medicine	1683		1511
Inhalation Therapy	153		361
Procedures		455	422
ECGs	269		400
Pulmonary Function Studies	186		22
Deaths on Medical Service		1	1
DERMATOLOGY SERVICE			
Admissions		2	2
Adult	1		2
Pediatric	1		0
Discharges		2	2
ADult	1		2
Pediatric	1		0
Outpatient Clinic			
Visits		1473	1786
Dependents	449		505
Military	875		1122
Retired & Other	149		159
Procedures		407	634
EENT SERVICE			
Optometry Visits		953	523
Active duty	108		40
Dependents & others	845		483
Inpatient Consults	23		0
rocedures		1528	1099
Rx reads	867		669
Tonometries	643		416
Visual Fields	18		14

ORTHOPAEDIC SERVICE

		This Quarter	Last Year This Qrtr.
Admissions		125	138
Adult	122		134
Pediatric	3		4
Discharges		115	136
Adult	112		132
Pediatric	3		4
Outpatient Visits		1735	2261
Military Clinic	1037		1496
Dependents Clinic	526		635
Retired & other	172		130
Podiatry Visits		257	399
Minor Procedures		870	797
Operations		72	69
Reductions of Fractures & Dislocations		480	450
Postoperative Infections		0	2
Casts Applied		720	590
Deaths on Orthopaedic Service		0	0

PHYSICAL THERAPY

	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
Military	67	1168	1235	103	1367	1470
Dependent	25	471	496	20	809	829
Retired	41	214	255	11	212	223
Other	0	8	8	3	58	61
TOTAL:	133	1861	1994	137	2446	2583

OBSTETRICAL AND GYNECOLOGICAL SERVICE		This Quarter	Last Year This Qrtr.
OB SERVICE			
Outpatient Visits		1791	2374
New OB Visits	180		204
Return OB Visits	1484		2088
Postpartum Visits	127		82
Admissions		165	164
Deliveries: (Patients: 145) (Babies: 145)			150 | 151
Vaginal	110		127
Vertex	109		126
Breech	1		1
Abdominal	27		24
Primary Section	21		18
CPD	4		14
Breech	8		4
Failed OCT	4		
Failed to Progress	1		
Prolapsed Cord	1		
Diabetes	1		
Herpes Vaginalis	1		
Transverse Lie	1		
Repeat Section	6		6
Tubal Ligations		18	18
Circumcisions		57	66
Twins Delivered		0	1 set
Premature Deliveries		0	6
Complications		11	18
Abruptio placenta	2		6
Uterine inertia	2		0
Pre-eclampsia	1		3
Premature rupture of membranes	0		0
Nuchal Cord	3		7
Postpartum hemorrhage	2		0
Eclampsia	1		0
Diabetes	0		2
Mortality		0	0

GYNECOLOGY SERVICE		This Quarter	Last Year This Qrtr.
Outpatients			
Visits		714 (FP=210)	1178 (FP=267)
Procedures		812	1243
Pap smears	335		945
Cauterizations/Cryocautery	0		26
Slides	85		111
Biopsy	18		49
IUD	43		51
Colposcopy	4		29
Ultrasound	316		26
D&C	8		5
Other	3		0
Admissions		42	52
Non-operative	0		2
Surgical Procedures	42		50

PEDIATRIC SERVICE			
Admissions		145	187
Nursery (Newborn)			151
Pediatric, Other	65		34
Discharges			194
Nursery (Newborn)			160
Pediatric, Other			34
Outpatient Visits		2812	4464
Deaths on Pediatric Service		0	1

DENTAL SERVICE

		This Quarter	Last Year This Qrtr
Admissions		30	3
Adult	30		2
Pediatric	0		1
Discharges		28	3
Adult	28		2
Pediatric	0		1
Consults		23	
Outpatient Visits		537	0
Outpatient Exams		407	-
Inpatient Visits		68	-
Inpatient Exams		68	-

Procedures:

	Inpatient	Outpatient	Inpatient	Outpatient
General Dentistry	0	588	0	0
Oral Surgery	193	432	2	2042
TOTAL:	193	1020	2	2042

Surgery in OR	7	4

RADIOLOGY SERVICE

Films read from MCAS	1612	10
Films read from MCRD	301	20
Special Procedures (GI, BaEnema, Cholecystogram, IVP, etc.)	532	21
Complications	0	0
Total patients	2683	2846
Average number of films per patient	3.95	3.2
Total films exposed	10,726	9175
Total examinations	3396	3645

LABORATORY SERVICE		This Quarter	Last Year This Qrtr.
Total Laboratory Tests ----------		126,836	131,328
Outpatients ----------	101,303		101,185
Inpatients ----------	25,533		30,143
Blood Bank			
Cross Matches set up ----------		116	212
Number of units used ----------		32	42
Blood Donor Center			
Donors processed ----------		355	242
Donors rejected ----------		51	76
Units of blood collected ----------		355	242
Short bleedings (less than 450 cc.) --		50	24
Bleedings shipped ----------		327	104

AUTOPSIES

Number of Autopsies for this Quarter;

	DEATHS	AUTOPSIES	RATE
Inpatient deaths ----	2	1	50%
DOAs ----------	2	1	50%
Stillborn ----------	0	0	0
TOTAL:	4	2	50%

Number of Autopsies for this Quarter, Last Year:

	DEATHS	AUTOPSIES	RATE
Inpatient deaths ----	8	3	37-1/2%
DOAs ----------	4	3	75%
Stillborn ----------	0	0	0
TOTAL:	12	6	50%

MORTALITY

* Hospital Cases Autopsied
** DOAs Autopsied

SERVICE	NAME & STATUS	CAUSE OF DEATH	DATE OF DEATH
M-4			
Dr. McMahon	BARKER, JAMES USMC/Ret	Pulmonary failure; carcinoma of lung	8/5/78
Dr. Kaiser	* MARSDEN, EVERETT USN/Ret	Respiratory arrest due to pulmonary embolus 7-8 weeks s/p triple aorto-coronary bypass grafts; s/p coma, 1 month	9/18/78
DOA			
Dr. Sharma	MC COOL, RAMON DS/USMC	Sudden infant death syndrome	7/18/78
Dr. Ruedas	** WILKERSON, LEON PVT/USMC/URT	Asphyxiation due to aspiration	8/23/78

NAVAL HOSPITAL
BEAUFORT, SOUTH CAROLINA 29902

QUARTERLY MORBIDITY/MORTALITY STATISTICAL MEETING
4th QUARTER 1978 (OCT-NOV-DEC)

26 JANUARY 1979

Present: Captain J. S. Myers, MC, USN, Chief, Surgery Service
Captain B. J. Devos, DC, USN, Chief, Dental Service
Captain T. B. Merritt, MC, USN, Chief, Psychiatry Service
LCDR J. R. Kaiser, MC, USNR, Internal Medicine Service
F. J. Voralik, M.D., Radiologist
LT J. R. Hetrick, MSC, USN, Chief, Patient Affairs Service
LTJG B. A. Henderson, MSC, USNR, Assistant Chief, Patient Affairs Service
LTJG T. N. Lambert, MSC, USNR, Administrative Assistant, Outpatient Services

The Quarterly Morbidity/Mortality Statistical Meeting for the 4th Quarter 1978 was held at 1230 on 26 January 1979 in the Conference Room. The following comments were made relative to the Statistical Report, a copy of which is attached:

TOTAL ADMISSIONS/TOTAL OUTPATIENT VISITS:	The statistics reflect a decrease in both total admissions and total outpatient visits felt attributable to the decrease in staff and low recruit population at the Marine Corps Recruit Depot.
SURGERY SERVICE:	No appreciable change in workload.
MEDICAL SERVICE:	The outpatient visits reflect an increase felt attributable to more patients circumventing the system by coming through the Emergency Room and then being triaged to Internal Medicine.
OPTOMETRY SERVICE:	The statistics reflect a marked increase attributable to a second optometrist and an overall change in the appointment schedule.
ORTHOPEDIC SERVICE:	No appreciable change in workload. The outpatient visits reflect a slight decrease, felt attributable of the low recruit population at MCRD.
OB/GYN SERVICE:	The overall decrease in statistics was due to only one obstetrician/ gynecologist being here during this period. Patients who elected

OB/GYN SERVICE:	were given Non-Availability Statements for OB care. It was felt that the obstetrical workload was significant for only one obstetrician/gynecologist and nurse practitioner.
PEDIATRIC SERVICE:	No appreciable change in workload.
DENTAL SERVICE:	The increase in admissions was due to the short stay, after care recruits from MCRD. Last year this quarter Doctor Devos was primarily working at NRDC while the Dental Service here was undergoing renovation.
RADIOLOGY SERVICE:	During the latter part of 1978, the contract radiologist, in accordance with the Commanding Officer's desires, began interpreting all films not previously interpreted at the two Branch Clinics. The statistics for last year this quarter, thus, reflect only part of that workload.
LABORATORY SERVICE:	There were more extensively involved patients in the Hospital during this quarter which resulted in more extensive studies being ordered.

The deaths which occurred during the quarter were discussed as follows:

DENNIS, Sadie/DM/USMC/RET
Cause of Death: Cardiac Arrest due to probable Myocardial Infarction
Attending Physician: Doctor Kaiser

This was an 84-year-old woman who presented to the Emergency Room essentially dead. She had been followed for several years at this Hospital primarily for chronic congestive heart failure and hypertension. She had systolic pressures in the 200/220 range, and it was felt that she was not taking her medicines properly. She was rather senile as well.

On the day she was brought in she apparently was eating breakfast when she suddenly keeled over. The family called the EMS who responded in 10-15 minutes. On arrival at the Emergency Room she had fixed and dilated pupils with no spontaneous respiration or heart beat. No further attempts were made at resuscitation.

SIBLEY, Verda/DW/USMC/RET
Cause of Death: Pulmonary Embolus, Massive, Presumed
Attending Physician: Doctor Kaiser

This was a 60-year-old woman who was involved in an automobile accident in 1973 in which she sustained rather severe injuries including a depressed skull fracture, paralysis of both lower extremities and right upper extremity, and she also had a seizure disorder secondary to that. She had been in a local Nursing Home for the last 5-6 years, with a couple of admissions at this Naval Hospital because of urinary tract infections secondary to her indwelling catheter, and sepsis. She was brought here on the final admission because she had not looked as well as she had in the past and had noted some shortness of breath. E-coli once again grew out from the blood, urine, and chest. She was begun on nasal oxygen and Amikacin 250 mg. q. eight hours and Cefadyl 500 mg. IV q. 6 hours. She did well for the first few hours of hospitalization, but then had a respiratory arrest. She was intubated, placed on a respirator, and her medications continued. She showed gradual improvement over the next two days and continued to show improvement until the 7th hospital day when she again had a sudden respiratory arrest. She was reintubated, placed again on the ventilator, but improved within a few hours such that she was again removed from the ventilator although was left intubated. Over the next 4-5 days there were several attempts to wean her from the respirator, but after only a few hours she would again have a respiratory arrest requiring ventillatory assistance. Inspite of receiving 300 mg. of IV Dilantin, having essentially normal electrolytes, glucose, renal function, liver function, blood count, and blood pressure, she began to have status seizures, and became unresponsive. She continued in this state for approximately another ten days. Manipulation of her blood chemistries, ventillation, and seizure medications had no apparent effect on her coma-like state. On the morning of 22 December she was noted to have the sudden appearance of a rather mottled blue appearance, even though still controlled on the ventillator, and this was followed shortly by a cardiac arrest, presumed due to a pulmonary embolus or possibly electrolyte imbalance.

WHITE, Samuel/USAF/RET
Cause of Death: Presumed Arrhythmia secondary to Myocardial Infarction; Severe Hypertension
Attending Physician: Doctor Kaiser

This USAF retiree had previously had a myocardial infarction from which he recovered. He returned for follow-up only once to the Internal Medicine Clinic, at which time his blood pressure was considerably elevated, but he stated he did not wish to take any medications. He apparently did amazingly well until early December when he was brought in with the story that he had been sitting in a chair and keeled over onto the floor. He was brought here without the benefit of ventillatory assistance and at the time of admission there were no spontaneous respirations. However, he did develop spontaneous respirations and was removed from the ventillator, but there was evidence of extensive brain stem and cortical damage. It was difficult to control his blood pressure, and he did not respond at all to painful stimuli. He remained in wake-sleep like cycles, compatible

with total destruction about the mid pons level. He was supported very vigorously for approximately one week, and after consultation with the neurologist in Charleston on two occasions, a tracheostomy was performed. However, he continued to require supportive care and on 16 December was found dead in bed.

CLEMENT, Frances/DW/USMC/DEC
Cause of Death: Respiratory Arrest; Pulmonary Hypertension; Scleroderma
Attending Physician: Doctor Porterfield (presented by Dr. Kaiser)

This was an elderly lady who had a long history of scleroderma of the lung. She had had more and more difficulty oxygenating, and was in borderline respiratory failure. There was nothing that could be offered her in the way of reversing the disease process. She had been tried on home oxygen without appreciable benefit. On the day of admission she was severely short of breath. She was taken to X-ray where she became somnolent and then stopped breathing. Blood CO_2 levels were consistent with CO_2 narcosis. Resuscitation was attempted, but she did not respond.

The remainder of the deaths were not presented because the attending physicians could not be at this meeting.

Approved:

D. C. GOOD
CAPTAIN, MC, USN
COMMANDING OFFICER

Submitted:

J. S. MYERS
CAPTAIN, MC, USN
CHAIRMAN, Acting

QUARTERLY STATISTICAL MORTALITY-MORBIDITY REPORT

4TH QUARTER - OCT-NOV-DEC 1978

		This Quarter	Last Year This Qrtr.
TOTAL ADMISSIONS		917	1007
TOTAL OUTPATIENT VISITS		21,940	23,731
SURGICAL SERVICE			
Admissions		92	156
Adult	87		141
Pediatric	5		15
Discharges		90	163
Adult	89		148
Pediatric	1		15
Outpatient Clinic for Surgical Service			
Visits		1051	1106
Military	457		415
Dependents	439		532
Retired	154		159
Other	1		0
Procedures		337	258
I&D	52		42
Proctoscopy	25		23
Removal of Sutures	105		87
Suturing Lacerations	15		13
Minor Surgery	68		64
Other	72		29
Deaths on Surgical Service		0	0
Emergency Room Visits (All Services)		3348	2626
Immunizations		1610	1932
OPERATING ROOM STATISTICS			
SURGICAL SERVICE			
Total Operations Performed		62	80

OPERATING ROOM STATISTICS		This Quarter	Last Year This Qrtr.
ALL SERVICES			
Total operations performed		194	273
Total Cases of Blood Transfusions in O.R.		3	0
ANESTHETIC STATISTICS FOR ALL SERVICES			
Total number anesthetics given		266	342
General	68		205
Spinal	10		8
Brachial & axillary block	9		2
Caudal	0		0
OB Pudendal	36		71
OB Saddle	4		2
Transsacral	0		0
Other Blocks	5		15
Local	72		49
Epidural	62		0
Anesthetic Complications		2	0
RECOVERY ROOM STATISTICS, ALL SERVICES			
Total Patients using RR		156	247
Total Patient hours in RR		306 hrs	313.93 hrs.
Maximum time patient spent in RR		12.5 hrs	15.16 hrs.
Average time patient spent in RR		2 hrs	1.98 hrs.
INTENSIVE CARE UNIT			
Total patients using ICU		87	74
Total number of patient days		254 days	186 days
Average number days spent in ICU		2.9 days	2.76days
Maximum time patient spent in ICU		20 days	24 days

		This Quarter	Last Year This Qrtr.
DICAL SERVICE			
Admissions		257	288
Discharges		256	289
Outpatient Clinics			
Visits		5840	5244
General Medicine	3593		3439
Internal Medicine	1931		1525
Inhalation Therapy	316		280
Procedures		530	268
ECGs	261		220
Pulmonary Function Studies	269		48
Deaths on Medical Service		8	4
DERMATOLOGY SERVICE			
Admissions		0	2
Adult	0		2
Pediatric	0		0
scharges		0	2
Adult	0		2
Pediatric	0		0
Outpatient Clinic			
Visits		1224	1337
Dependents	415		449
Military	680		767
Retired & Other	129		121
Procedures		341	526
OPTOMETRY SERVICE			
Outpatient Visits		1315	649
Active Duty	168		89
Dependents & Others	1147		560
Inpatient Consults		6	-
Procedures		1217	1040
Rx reads	600		611
Tonometries	548		387
Visual Fields	69		42

ORTHOPAEDIC SERVICE

		This Quarter	Last Year This Qrtr.
Admissions		129	136
Adult	127		133
Pediatric	2		3
Discharges		134	144
Adult	132		141
Pediatric	2		3
Outpatient Visits		1608	2147
Military Clinic	960		1261
Dependents Clinic	514		706
Retired & Other	134		180
Podiatry Visits		211	373
Minor Procedures		720	247
Operations		76	96
Reductions of Fractures & Dislocations		100	105
Postoperative Infections		2	3
Casts Applied		630	300
Deaths on Orthopaedic Service		0	0

PHYSICAL THERAPY

	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
Military	75	1069	1144	132	1335	1467
Dependent	89	496	585	41	720	761
Retired	66	164	230	7	222	229
Other	3	76	79	0	75	75
TOTAL:	233	1805	2038	180	2352	2532

GYNECOLOGICAL AND OBSTETRICAL SERVICE			This Quarter	Last Year This Qrtr.
OB SERVICE				
Outpatient Visits			1541	1528
New OB Visits		127		132
Return OB Visits		1302		1300
Postpartum Visits		112		96
Admissions			108	142
Deliveries: (Patients: 92) (Babies: 92)				135 136
Vaginal		81		118
Vertex	79			115
Breech	2			2
Brow	0			1
Abdominal		11		18
Primary Sections	7			12
CPD	1			5
Breech	2			2
Failure to progress	1			4
Fetal distress	2			
Pre-eclampsia	1			
Prolapsed cord	0			1
Repeat Sections	4			6
Tubal Ligations			18	24
Circumcisions			38	53
Twins delivered			0	1 set
Premature deliveries			1	2
Complications			8	15
Abruptio placenta	1			4
Pre-eclampsia	1			4
Diabetes Mellitus	0			1
Gestational Diabetes	1			0
Hodgkins Disease	1			0
Deep transverse arrest	2			0
Postpartum hemorrhage	1			0
Incompetent cervix	1			0
Uterine inertia	0			2
Oomphalocele	0			1
Fetal distress	0			3
Mortality			1	2
Maternal		0		0
Perinatal		1		2
Stillborn	1			1
Mature (over 2500 gms)	0			1
Immature (401-1000 gms)	1			0
Neonatal	0			1
Immature (401-1000 gms)	0			1

GYNECOLOGICAL SERVICE		This Quarter	Last Year This Qrtr.
Outpatients			
Visits		484 (FP=154)	1088 (FP=275)
Procedures		494	1332
Pap smears	241		995
Cauterizations/Cryocautery	2		21
Slides	53		97
Biopsy	5		44
Colposcopy	10		16
D&C	5		2
IUD	16		49
Other	6		0
Ultrasound	156		108
Admissions		28	42
Non-operative	0		0
Surgical procedures	40		46

PEDIATRIC SERVICE			
Admissions		142	166
Nursery(newborn)	92		136
Other	50		30
Discharges		145	162
Nursery(Newborn)	87		120
Other	58		42
Outpatient Visits		3656	3759
Deaths on Pediatric Service		0	1

DENTAL SERVICE

		This Quarter	Last Year This Qrtr.
Admissions		58	11
Adult	54		10
Pediatric	4		1
Discharges		59	10
Adult	55		9
Pediatric	4		1
Consults		97	-
Outpatient Visits		473	484
Outpatient Exams		398	-
Inpatient Visits		62	-
Inpatient Exams		62	-

Procedures:

	Inpatient	Outpatient	Inpatient	Outpatient
General Dentistry	0	633	0	0
al Surgery	169	495	29	602
TOTAL:	169	1128	29	602
Surgery in O.R.			16	12

RADIOLOGY SERVICE

Films read from MCAS	2082	75
Films read from MCRD	2210	500
Special Procedures (GI, BaEnema, Cholecystogram, IVP, etc.)	331	185
Complications	0	0
Total patients	3239	2867
Average number of films per patient	3.5	4.3
Total films exposed	11,873	12,174

LABORATORY SERVICE		This Quarter	Last Year This Qrtr.
Total Laboratory Tests		105,048	100,800
Outpatients	80,456		72,622
Inpatients	24,592		28,178

Blood Bank

Cross Matches set up	205	170
Number of units used	67	23

Blood Donor Center

Donors processed	282	190
Donors rejected	50	14
Units of blood collected	232	170
Short bleedings (less than 450 cc.)	10	10
Bleedings shipped	124	41

AUTOPSIES

Number of Autopsies for this Quarter:

	DEATHS	AUTOPSIES	RATE
Inpatient deaths	8	0	0%
DOAs	0	0	0%
Stillborn	1	1	100%
TOTAL:	9	1	11%

Number of Autopsies for this Quarter, Last Year:

	DEATHS	AUTOPSIES	RATE
Inpatient deaths	6	2	33-1/3%
DOAs	1	1	100%
Stillborn:	1	1	100%
TOTAL:	8	4	50%

MORTALITY

* Hospital Cases Autopsied

SERVICE	NAME & STATUS	CAUSE OF DEATH	DATE OF DEATH
M-4			
Dr. Porterfield	WRIGHT, NORMAN USN/Ret	Renal failure; cirhossis	11/7/78
Dr. Kaiser	WHITE, SAMUEL USAF/Ret	Presumed arrythmia;MI; Severe hypertension	12/16/78
ICU			
Dr.Porterfield	DAVIS, MUSETTA d/w/USN/Ret	Cardio-pulmonary arrest; MI	11/13/78
Dr. Kaiser	SIBLEY, VERDA d/w/MC/Ret	Pulmonary embolus;sepsis; pneumonia;respiratory failure;s/p depressed skull fracture,para-plegia,seizure disorder	12/22/78
Dr.Bestermann	KINARD, GEORGE BENPHS	MI; coronary artery disease	12/23/78
DELIVERY ROOM			
Dr. Lynn	* MONTGOMERY, BABY GIRL d/d/MC	Immaturity (possible intrauterine pneumonitis)	11/18/78
ER			
Dr. Kaiser	DENNIS, SADIE DM/MC/Ret	CArdiac arrest due to probable MI	10/2/78
Dr.Porterfield	CLEMENT, FRANCES DW/MC/Dec	Respiratory arrest; pulmonary hypertension; scleroderma	10/5/78
Dr.Bestermann	DUTTON, DOROTHY	MI; Coronary artery disease	12/31/78